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COMMUNICATIONS.

NERVOUS APHONIA CURED BY THE LOCAL USE OF COCAINE.

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Sometime during the month of August, 1886, Mary L., fifteen years old, in company with her father, presented herself at my office for advice regarding loss of voice, which had taken place three months previously.

Phonation, as well as whispering, was sometimes impossible. About two years before the present trouble came on she was afflicted in a similar way, the aphonia on this first occasion having lasted several months. During this attack, treatment, consisting of various neurotic remedies, prescribed with a view to re-establish the voice, had been tried by the family physician, but no perceptible benefit accrued from it, and the case was finally allowed to go on untreated for an indefinite time. One day, in the midst of a violent fit of laughing, audible tones were uttered by the patient, which were almost immediately followed by a full return of the voice.

Apart from occasional hoarseness and more or less huskiness, vocalization remained unimpaired until the seizure in which I was consulted began. As to the hoarseness, it was of long standing, and figured as an annoying symptom long before aphonia was manifest. It seemed, too, to be getting worse as the young woman grew older.

In her general appearance, she presented a well-developed organization. At the age of thirteen, menstruation began, the periods occurring at regular intervals, and without being attended by influences calculated to derange the function.

As far as specific or tuberculous constitutional diseases were concerned, the family history was characterized by the absence of them. It was apparent, however, that, from her mother, a nervous temperament had been inherited, for excitement of an emotional character usually tended toward superinducing hysterical phenomena in the mother. These nervous peculiarities were strongly marked in the daughter.

Aside from complaining of loss of voice, there were evident signs pointing conspicuously to the existence of catarrhal conditions of the nasal tissues, producing, as it appeared, a great deal of discomfort.

The morbid action was not confined only to the mucous membrane of these parts, but cough and a dry and irritable sensation in the pharynx and larynx distinctly showed that these organs were also implicated in the same pathological change.

Among other subjective symptoms, were a feeling of intra-nasal pressure, and lancinating pains over the bridge of the nose, which invariably became quite pronounced during the height of acute rhinitis, for which she had a peculiar susceptibility, the slightest exposure to either draughts of cold air or dampness usually occasioning it.

A muco-purulent discharge coming from both the anterior and the posterior nares formed a troublesome condition, of which much complaint was made.

The unpleasant disturbances induced by

these acrid secretions from the nasal chambers were characterized by unsightly excoriations of the margins of the nostrils and of the upper lip. The presence of the discharge posteriorly kept up a constant desire to "hawk and spit," accompanied by nausea and sometimes actual vomiting. There was, too, digestive derangement, which was indicated by a heavily coated tongue, flatulence, and acid eructations from the stomach.

Examination of the nasal fossæ by reflected light showed hypertrophy of the middle, and atrophic changes of the inferior, turbinated bones, the mucous membrane investing these and associated structures varying very much in its abnormal appearances. That covering the middle turbinated region was congested and thickened, whilst the membrane lining the inferior region was purple, smooth, and glazed, and seemed divested of its ciliated epithelium.

The larynx and vocal cords, upon a laryngoscopic examination, were found to be in a state of chronic congestion.

Besides the hyperæmic appearance of the vocal cords, attempted phonation, as seen by the mirror, failed totally in approximating them, thus showing the marked functional inactivity of the larynx.

The treatment, therefore, of this interesting case naturally resolved itself into the institution of remedies calculated to restore the voice as speedily as possible and to remove the catarrhal products of the nose and throat.

As cocaine comprised such a wide therapeutic range in controlling local affections of nervous origin, the idea occurred to me that it might serve a valuable purpose in effecting an immediate restoration of the voice. Consequently I made an application to the larynx with pledgets of cotton saturated in a four per cent. solution of the drug. After allowing sufficient time for local anæsthesia to take place, I asked her to say "Yes." She did so, audibly and distinctly. "No" and other monosyllabic words were spoken in rapid succession. Suffice it to say, that before leaving the operating chair, she was enabled to converse aloud without difficulty. The father who sat by observing the manipulations was amazed to see the phenomenal effect of the medicine, and he seemed overcome with gratitude for what was done for his child.

Two days afterward, a second visit was made and the voice was still good, the interval having been passed by occasional singing and considerable talking.

Treatment of the catarrhal symptoms improved the strength and purity of the voice.

Nowhere in the extensive literature of cocaine do I find this use of the alkaloid stated, and I believe I herewith record for the first time an observation in the local treatment of nervous aphonia which is invaluable and should be recognized by those who see these cases.

Galvanism we know has been our best remedy, but, when we take into consideration how tedious and troublesome its use becomes, especially when the applications are made directly to the laryngeal cavity, we should welcome with delight another local agent whose application is effected without any trouble whatsoever.

The *modus operandi* of the cocaine as it was used in this case, I presume, consisted in allaying peripheral nervous sensibility of the mucous membrane, and subduing thereby muscular irritability of the larynx. The larynx under these circumstances is placed, so to speak, in splints by the anæsthesia, thus overcoming active antagonism of the abductors and allowing the apparently paralyzed adductors to regain their natural tone and activity. The vocal cords can then be approximated and made tense, which is followed by voice production when phonation is attempted.

Under local treatment for a period of three months the pharyngo-nasal catarrh was cured.

The use of the electro-cautery reduced the redundant tissue of the middle turbinated bones, which was followed by a subsidence of intra-nasal pressure and the neuralgic pains that radiated from the bridge of the nose.

The atrophic changes of the inferior bone were arrested in their progress by a systematic employment of cleansing and stimulating agents. The post-nasal space, the pharynx, and the larynx were treated with local and constitutional alterative remedies, consisting principally of the iodine group.

This case illustrates conclusively, I believe, that, in one nervously predisposed, an exciting cause of aphonia may not unfrequently be found in a catarrhally diseased state of the mucous membrane clothing the pharyngo-nasal cavities or the larynx. It, moreover, demonstrates the importance of properly and thoroughly interrogating these organs when such cases present themselves.

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**SUPPURATIVE TONSILLITIS, WITH
PASSAGE OF PUS INTO
MEDIASTINUM AND
PLEURA; DEATH.**

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The interest of this case rested not so much on its rarity as on the difficulty of diagnosis. When he was admitted there were none of the common and significant signs usually found in quinsy, but there were evidences of cellulitis around the lower jaw and extending below the chin, not unlike what is noticed as a result of ulcerated teeth.

The history of the case was as follows: John Jenkins, German, 27 years old, entered hospital June 20, 1888. Note taken then states: Patient cannot speak sufficiently plain to give an intelligent history. By means of an interpreter it was inferred that a swelling of the neck and face was noticed a week before his admission to the ward. The swelling was on the left side, but rapidly spread to the right. On admission, this was not noticed in any decided manner, but there was a swelling in the vicinity of the lower jaw which, in connection with the existence of ulcerated teeth, gave rise to the supposition that the diseased teeth were the cause of the cellulitis.

July 21, an incision was carried down alongside of the suspected tooth, but no result followed beyond free hemorrhage, which had to be controlled with pressure. Temperature, 104 1-7°; pulse, 120.

July 22. No improvement. The swelling is now most marked below the jaw, and an exploring needle was inserted, but without yielding any sign of pus. Has to be fed by the rectum, from inability to open the jaws.

June 23. The patient sank rapidly and died. Before death the tissues of the neck became emphysematous.

Autopsy.—An incision was made in the median line of the neck and extended laterally on each side from the chin. The sublingual and the other gland in the vicinity were purulent, and on passing backward abscesses were found in both tonsils, but more particularly in the left, which had broken down and permitted the pus to escape into the tissues of the neck, the pus following down the course of the deep fascia into the mediastinum. The pus was found in the left pleural cavity and over the pleura of the left lung.

**RESULTS OF NEPHRO-LITHOTOMY
AND NEPHRECTOMY.**

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Nephro-lithotomy.

The first premeditated incision through the sound tissues into a kidney, for the removal of a contained calculus, was successfully performed by Henry Morris, of London, England, in 1880.

The operation was named nephro-lithotomy, and, under this term, he intended to designate the "cutting a stone out of a kidney, which, so far as can be ascertained by clinical examination, is not dilated or otherwise altered in form; and which, but for the presence of the stone, is presumably healthy."

From the time of Hippocrates downward, upon the appearance of external swelling or abscess in the loin, connected with renal suppuration and calculus, incision and an attempt to extract the stone were properly sanctioned. Surgeons, even from the earliest period, have been ready to follow and enlarge a sinus communicating with a renal calculus, and thus effect its removal; but to cut down upon an undilated kidney, early in the course of the disease and before any great disorganization has occurred, was hardly deemed feasible by men of great learning and experience. This Morris accomplished.

At the present time, most surgeons have extended the original definition of nephro-lithotomy so as to embrace cases in which there even may be some slight external fulness in the loin, yet not the pointing of an abscess, but in which the renal tissues have not ruptured.

Having recently conversed with an experienced general practitioner of medicine in regard to the operations of nephro-lithotomy and nephrectomy, it was a somewhat difficult task to convince him of the success attained. As memory is not able to retain accounts of various operations for any great length of time, a number of unselected cases have been arranged in chronological order in the appended tables, which, it is hoped, may supply the evidence demanded.

In the nephro-lithotomy table, no case has been cited in which a sinus led down to or penetrated the kidney, or in which the operator failed to detect a stone after reaching the gland. A considerable number of such exploratory operations have been performed, resulting frequently in complete relief of the symptoms, and rarely with fatal results.

Except where otherwise mentioned, all incisions were made in the loin.

Cases of Nephro-lithotomy.

No.	Reference.	Date of Operation.	Operator.	Sex and Age.	Description of Calculus.	Result.	Remarks.
1	Tran. Clin. Soc. Lond., 1881, xiv, 30	Feb. 11, '80	Morris	F 20	Mulberry calculus; weight, 31 grains	R	Sinus remaining one year afterward.
2	Ibid., 1882, xv, 117	May 19, '81	{ Whipple and Haward }	F 23	Phosphate of lime; weight, 47 grains	R	
3	Ibid., 103	Aug. 16, '81	Beck	M 19	Layers of uric acid and phosphates; weight, 29 grains	R	
4	Ibid., 113	Oct. 25, '81	Butlin	M 20	Oxalate lime; weight, 60 grains	R	Abdominal incision; antiseptics.
5	Ibid., 1883, xvi, 90	Oct. 20, '82	May	M 34	Mostly phosphate of lime; weight, 473 grains; 3 inches long	R	
6	Ibid., 93	Feb. 6, '83	Howse	M 57	Oxalate of lime; weight, 20 grains	R	
7	Brit. Med. Jr., Lond., 1883, i, 1004	March, '83	Hill	F 46	Calculus size of olive	R	
8	Ibid., 1069	July 11, '83	Jones	F 46	Weight, 105 grains	R	
9	Tran. Clin. Soc. Lond., xviii, 80	Sept. 10, '83	Symonds	M 50	Weight, 18 grains	R	
10	Brit. Med. Jr., Lond., 1884, i, 1092	Dec. 12, '83	Anderson	M 20	Chiefly calcium oxalate; weight, 60 grs.	D	In 24 hours; suppression of urine.
11	Med. Times and Gaz., 1885, ii, 10	May 8, '84	Thornton	F 25	Chiefly uric acid; weight, 90 grains	R	Slight carbolic toxæmia.
12	Tran. Clin. Soc. Lond., vol. xviii, 189	May 10, '84	{ Dickinson and Rouse }	M 19	Weight, 65 grains	R	Langenbüch's incision to examine both kidneys, and lumbar incision to extract calculus.
13	Ibid., 185	June 7, '84	Morris	M 24	Oxalate of lime and muriate of ammonia	R	On fourth day, calculus—weight, 2 grains—came away.
14	Austral. Med. Gaz., Sydney, 1884-5, iv, 68	July 2, '84	Mitchell	F 46	Six calculi removed, and two felt but not extracted	D	From exhaustion, on the 116th day; lung complication; also vomited blood.
15	Brit. Med. Jr., Lond., 1885, ii, 445	Aug. 11, '84	Nicholson	F 42	Two calculi; weight, 6 grains, and 3 ounces, 14 grains; triple phosphates.	R	
16	Tran. N. Y. Med. As., 1884, i, 150	Oct. 15, '84	Seymour	M 52	Dried debris; weight, 38 grains	R	
17	Brit. Med. Jr., Lond., 1885, ii, 280	Dec. 3, '84	Chiene	M 29	Mulberry calculus; weight (dry), 48 grs.	R	
18	Westminster Hosp. Rept., 1885, i, 161	Dec. 17, '84	{ Macnamara and Donkin }	F 34	Uric acid; weight, 165 grains	R	
19	Lancet, Lond., 1885, ii, 343	Jan. 2, '85	Whitehead	M 39	Friable stone, which broke	R	Pus and grit from wound after operation.
20	Tran. Path. Soc. Lond., 1884-5, xxxvi, 276	Feb. 21, '85	Collingworth	F 30	Stone from right ureter; wt., 270 grs.; 1 3/4 inches long, 1 1/2 inches broad;	D	From uræmia (?), in 80 hours; exploratory abdominal incision.
21	Med. News, Phila., 1885, xli, 569	Mar. 11, '85	Tiffany	M 26	4 1/4 x 3 1/2 inches in circumference.	R	
22	Lancet, Lond., 1885, i, 1081	Mar. 25, '85	Hill	F 40	Fragments; weight, 556 grains	R	
23	Med. Times and Gaz., 1885, ii, 10		Thornton	F 27	Weight, 142 grains. Found two calculi in right kidney, which were overlooked at first operation 2 years ago. (See No. 11.)	R	Langenbüch's incision to examine both kidneys, and lumbar incision to extract calculus.

24	St. Barthol. Hosp. Rept., xxi, 1885, 125	May	1, '85	Walsham . . .	F 63	Uric acid encrusted with phosphates . . .	D	On ninth day, with epithelioma of pelvis of kidney; lateral incision.
25	Brit. Med. Jr., Lond., 1885, ii, 701	May	15, '85	Owen . . .	M 19	Weight, 48 grains . . .	R	T-shaped lumbar incision.
26	Ibid., 1886, i, 19	May	23, '85	Wright . . .	M 19	Size of horse-bean; probably uric acid . . .	R	
27	Canada Lancet, 1885-'86, xviii, 32	May	23, '85	Tait . . .	F 25	Large branching calculus . . .	R	
28	Ibid.	June	16, '85	Tait . . .	F 52	Large calculus from pelvis of kidney . . .	R	
29	Ibid., 33	July	13, '85	Tait . . .	F 59	Large calculus from kidney pelvis . . .	R	
30	Birmingham Med. Rev., 1886, xx, 270	Sept.	29, '85	Lloyd . . .	M 21	Weight, six ounces . . .	R	
31	Med. News, Phila., 1886, xlviii, 69	Nov.	29, '85	Lange . . .	M 30	Weight, six ounces . . .	R	
32	Med. Press and Circ., Lon., 1886, n.s. xli, 168	Jan.	5, '86	Carter and Paul . . .	F 22	Larger portion of uric acid; weight, 105 grains . . .	R	From error in diagnosis, each ovary separately removed by other operator.
33	Brit. Med. Jr., Lond., 1886, i, 821	Jan.	21, '86	Brown . . .	F 46	Seven calculi, uric acid, and phosphatic; weight, seven ounces . . .	D	On 11th day, suddenly, of heart-clot; abdominal incision or "laparo-nephrotomy."
34	Ann. Surg., Chicago, 1887, v, i	May	6, '86	Franks . . .	M 28	Carbonate and phosphate of lime; also, ammonio-magnesia phosphate . . .	R	T-shaped lumbar incision.
35	Tran. Clin. Soc. Lond., vol. xx, iii	May	15, '86	Morris . . .	M 42	Oxalate of lime; weight, 3½ grains . . .	R	Calculus pyelitis and considerable pus.
36	Ibid., 124			Gould . . .	F 40	Urates; weight (dry), 49 grains . . .	R	In 16 hours, suddenly and quietly; stopped operation in half-hour from collapse. At autopsy, kidney totally disorganized, and about 50 small calculi in pouches; also larger one; weight, 38 grains, virtually obliterating ureter.
37	Lancet, Lond., 1887, i, 408	Aug.	10, '86	Chavasse . . .	M 27	Weight, 30 grains . . .	D	
38	Med. Press, West. N. York, 1887, ii, 61	Aug.		Cheesman . . .	F 35	Several calculi . . .	R	
39	Birmingham Med. Rev., 1886, xx, 270	Sept.	8, '86	Lloyd . . .	M 19	Lime oxalate; weight, 58 grains . . .	R	
40	Med. News, Phila., 1886, xlix, 677	Oct.	13, '86	Gross (S. W.) . . .	M 33	Lime oxalate; weight, 58 grains . . .	R	
41	Ibid., 1887, i, 458	Oct.	30, '86	Shepherd . . .	M 26	Triple phosphates; weight, 4 ounces, 7 drachms; 3½ inches long, 9 inches in circumference . . .	D	In 3½ months, from septicæmia, due to abscess in upper end of kidney; no pus at time of operation.
42	Lancet, Lond., 1888, i, 119	Dec.	1, '86	Hill . . .	M 26	Uric acid . . .	R	Fistula remained.
43	Ibid., 1888, ii, 16	Dec.		Pick . . .	M 23	Uric acid; weight, 3 drachms . . .	D	Pneumonia developed in few days; died of phthisis 16 months later; tubercle in lungs at autopsy.
44	Brit. Med. Jr., Lond., 1888, i, 795	Dec.	15, '86	Page . . .	M 22	Two small calculi from left kidney . . .	R	Lateral and median lithotomy previously done; later, right kidney exposed; abscess opened, but no stone.
45	Ibid., 1886, ii, 823			Wright . . .	F 28	Uric acid; weight, 48 grains . . .	R	T-shaped lumbar incision.

hypertrophy, in proportion to the disability of its fellow, so that, by the time the operation is performed, it is equal to the demands made upon it. The same ability has been observed after the removal of one gland, necessitated by a wound.

The following table of unselected cases of nephrectomy is arranged chronologically and does not include any case published by Dr. Robert P. Harris (*American Jour. Med. Sci.*, July, 1882), by Prof. S. W. Gross (*Ibid.*, July, 1885), by Dr. J. Homans (*Boston Med. and Surg. Jour.*, 1884, cx), or by me (*Phila. Med. Times*, Feb. 21, 1885).

Under the column of "form of incision," the lumbar operation is indicated by L, the median abdominal by A, and the lateral abdominal, or Langenbuch's incision, by A ("L").

Cases of Nephrectomy.

No.	Reference.	Date of Operation.	Operator.	Sex and Age.	Form of Incision.	Diseased Condition.	Result.	Cause of Death and Remarks.
1	Birmingham Med. Rev., 1886, xx, 270	Nov. 18, '84	Lloyd	M 27	L	Intermittent hydronephrosis.	R	
2	Chicago Med. Jour. and Exam., 1885, li, 45	'84 Bogue	F 36	L	Sacculated pus-kidney.	R	
3	Lancet, Lond., 1885, i, 1081	Jan. 29, '85	Colquhoun	M 44	L	Calculus pyelitis and pyonephrosis.	R	
4	Ibid., 936	Feb. 7, '85	Croft	A	Round-celled sarcoma.	R	Carbolic spray used.
5	St. Barthol. Hosp. Rept., 1885, xxi, 121	April 8, '85	Walsham	F 41	A ("L")	Cystic tumor and large calculus.	R	Carbolized spray used.
6	Or. Bl. f. Schw. Aerzt. Basel, 1885, xv, 343	April 11, '85	Kroenlein	F 58	L	Carcinoma.	R	
7	Med. News, Phila., 1887, l, 116	April 23, '85	Agnew (D. H.)	M 32	L	Floating kidney: nephrorrhaphy, October 10, 1884.	R	Strict antiseptics.
8	La France Med., 1885, 630	April 30, '85	Polaillon	F 27	L	Calculus and cystic kidney.	R	
9	Canada Lancet, 1885-'86, xviii, 33	May 20, '85	Tait	F 22	A	Diagnosed ovarian or tubal disease: proved to be fatty, cirrhotic floating kidney; weight, 9 ounces.	R	
10	Wien. med. Wchnsch., 1885, xxxv, 985; 1012	May 21, '85	Billroth	F 42	L	Calculus pyelonephritis.	D	Attributed to injury to blood vessels and blood poisoning (?).
11	Birmingham Med. Rev., 1886, xx, 270	May 30, '85	Loyd	M 5	L	Intermittent hydronephrosis.	R	
12	Canada Lancet, 1885-'86, xviii, 33	June 18, '85	Tait	F 45	A	Diagnosed cyst of mesentery: was hydronephrosis.	R	
13	Centralb. f. Gynaek. Leipz., 1886, xi, 1	July 2, '85	Heilbrun	F 28	L	Uretrovaginal fistula.	R	
14	Med. News, Phila., 1886, xlviii, 130	Aug. 1, '85	Briddon	F 36	A ("L")	Abscess and calculus, weight 125 grains.	D	Collapse in 78 hours: lumbar incision first tried: autopsy showed chronic and acute disease of other kidney.
15	Ibid., 567	Sept. 15, '85	Park	M 23 mos.	A ("L")	Fibro-cystic kidney.	R	
16	Ibid., 1885, xlvii, 525	Sept. 17, '85	Shepherd	F 24	L	Calculus pyelitis.	R	
17	Gaz. hebdom. d. Sc. M., 1886, viii, 529	Sept. 23, '85	Dubruell	F 12	L	Hydronephrosis.	D	Suppression of urine.
18	Cong. Fr. de Chirg., 1886, ii, 135	Sept. 26, '85	Demons	M 49	L	Punctured wound and abscess.	R	Hernia of lung resected September 8, 1885.
19	Austral. Med. Jr., 1885, n. s. vii, 486	Oct. 6, '85	Gardner	M 42	Combin'd A and L	Abscess.	D	Third day, from suppression of urine.

Cases of Nephrectomy—Continued.

No.	Reference.	Date of Operation.	Operator.	Sex and Age.	Form of Incision.	Diseased Condition.	Result.	Cause of Death and Remarks.
20	Arch. f. Klin. Chir. Berl., 1886-'87, xxxiv, 423	Oct. 14, '85	Bergmann	M 39	L	Suppurating kidney	R	
21	Centralb. f. Gynak. Leipz., 1886, xi, 1	Oct. 31, '85	Heilbrun	F 25	L	Utero-uretral fistula	R	
22	Med. News, Phila., 1886, xlviii, 70	Nov. 29, '85	Lange	F 26	L	Cystic pyonephrosis	R	
23	Cong. Fr. de Chirg., 1886, ii, 135		Demons	F 30	A	Sarcoma kidney: diagnosed ovarian disease	R	
24	Deutsch. med. Wchns., 1886, xii, 489		Kümmel	F 52		Sarcoma	D	{ In seven weeks, from intercurrent pneumonia.
25	Deutsch. Ztsch. f. Chir. Leipz., 1885-'86, xxiii, 139		Orlowski	F 37	A ("L")	Malignant tumor	R	
26	Charité Ann., Berl., 1885-'86, xii, 630	Jan.	Gusserow	F 33	L	Uretral fistula	R	
27	Trans. N. Y. State Med. As., 1886, iii, 234	Feb. 1, '86	Ferguson	F 35			D	{ Third day, suppression of urine; uræmia; no autopsy.
28	Deutsch. med. Wchns., 1887, xiii, 873	March 3, '86	Alsberg	M 5	L	Malignant tumor	R	
29	Lancet, Lond., 1887, ii, 1065	March 8, '86	Hulke	F 50	A	Large myxoma enclosing left kidney	R	{ Recurred in one year, and died.
30	Cong. Fr. de Chirg., 1886, ii, 189	March 14, '86	Segond	F 47	L	Suppurating hydronephrosis	R	
31	Ibid., 178	March 16, '86	Boeckel	F 38	A	Hydatid cyst	R	
32	Rept. U. S. Marine Hosp., 1886	April 15, '86	Wasdin	M 35	L	Pyonephrosis; previous nephrotomy	R	
33	Brit. Med. Jr., Lond., 1886, ii, 823	April 16, '86	Cullingworth	F 43	A	Supposed ovarian cyst; left ovary and kidney cystic, and both removed	R	
34	Cong. Fr. de Chirg., 1886, ii, 172	June 11, '86	Doyer	F 27	L	Hydronephrosis	R	
35	Birmingham Med. Rev., 1886, xx	June 16, '86	Lloyd	M 11	L	Congenital hydronephrosis	D	{ Fourth day, somewhat suddenly.
36	Cong. Fr. de Chirg., 1886, ii, 189	Aug. 5, '86	Segond	F 36	A ("L")	Floating kidney	R	
37	Rev. Med., Louvain, 1886, v, 5	Aug. 22, '86	Daudois	M 2 1-12	A ("L")	Medullary sarcoma	R	
38	Glasgow Med. Jr., n. s. xxvii, 326	Aug. 27, '86	Clark	F 26	L	Scrofulous kidney	R	{ Nephrotomy done seven months previously.
39	Brit. Med. Jr., Lond., 1888, i, 73	Sept. 5, '86	Fell	F 31	L	Cystic kidney	R	Spray and full antiseptics.
40	Cong. Fr. de Chirg., 1886, ii, 172	Sept. 27, '86	Doyer	F 45	L	Calculus and cystic kidney	D	Persisting chronic septicaemia
41	Med. News, Phila., 1886, xlix, 695	Oct. 19, '86	Lange	M 33	L	Pyonephrosis	R	
42	Ibid., 1887, i, 116, and author	Nov. 20, '86	Agnew (D. H.)	F 60	A	Sarcoma	D	{ In 17 days, and cause obscure; no autopsy; spray used.
43	Gaz. Med. de Nantes, 1885-'86, iv, 123		Malherbe	F 28	L	Pyelonephritis	R	
44	Cong. Fr. de Chirg., 1886, ii, 132		Championniere			Suppurating pyelonephritis	R	
45	Ibid., 132		Championniere			Suppurating pyelonephritis: in extremis	D	Shock.
46	Ibid., 132		Championniere			Hydronephritis	D	Uremia.
47	Ibid., 133		Bouilly		A	Floating kidney	R	
48	Ibid., 133		Bouilly			Floating kidney	R	

Se
Mid-axillary incision, and kidney not found; then

SUMMARY of 63 cases, 44 recovered and 19 died, or 30.16 per cent. Of 57 cases, in which the sex was mentioned, 17 were males and 40 females. Of 57 cases, in which the form of incision was stated, there were 34 lumbar operations; 25 recovered and 9 died, or 26.47 per cent. Among the lumbar operations, 2 were modified by which the form of incision was stated, there were 34 lumbar operations; 25 recovered and 9 died, or 26.47 per cent. Among the lumbar operations, 2 were modified by enlarging the wound by T incision, with 1 death; twenty were by abdominal section, 16 recovered and 4 died, or 20 per cent. Among the abdominal sections, 11 were performed in the median line, with 2 deaths; 8 by Langenbüch's incision, with 2 deaths; and 1 by T enlargement of median incision, which recovered. In addition, there were 3 cases in which the abdomen was opened to learn the condition of both kidneys, and immediately the lumbar operation done to extract the faulty kidney; all died.

When we reflect upon the severity of the operation of nephrectomy and the greatly exhausted condition to which many patients had been reduced before seeking relief thereby, and the fact that almost all the cases tended to a more or less early death, the operation fully commends itself to all, because thereby the degree of human suffering has been lessened and life with comfort extended. As in the history of ovariectomy, by an earlier resort to the operation and with greater skill and more perfected methods of operating, the mortality, no doubt, will be markedly reduced.

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THE PREVENTION OF CONCEPTION.

BY W. R. D. BLACKWOOD, M.D.,
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The editorial under this heading in the *REPORTER* for the 15th inst. has drawn attention to a matter of vast importance to the profession and general public alike. The subject of the regulation or control of conception in the human female has been almost tabooed by physicians partly from indifference, but largely from absolute cowardice in those capable of writing intelligently about it. Although I have read a good deal on the subject in medical and secular journals, the writers were always on one side—they decried the effort to prevent conception. Most authors based their beliefs (for they did not really argue the point) on the religious or moral aspect of this subject, laying special stress on the latter point, and I hold that it is largely because they were afraid of public opinion that they took this ground. All physicians know something of the prevalence of criminal abortion in any community, but particularly in large cities. Every practitioner of extended experience is aware of the ruined physical health of many women because of their practicing criminal feticide, and gynecologists reap their greater harvest from the uterine maladies engendered by instrumental abortions and the results of frequently repeated confinements at close intervals, with the inevitable accidents and concomitant injuries to the uterus under such conditions. How then can we be indifferent to all the suffering thus endured, and how can we evade our plain duty in the problem of preventing, so far as we properly may, the actual distress borne by innocent yet patient and confiding women, together with the inevitable misery

and pauperism consequent upon the hordes of children thrown upon the cold charity of the world, when their parents either cannot or will not provide for them? It is all well enough to talk of the enormous death-rate which keeps the population in check so far as its too extended increase is concerned, but the plain answer to this quibble is that the mortality is decreasing perceptibly, I think partly through the restriction of conception, and much of the mortality, especially amongst infants, is due to the fact of their wretched surroundings, to say nothing about their want of stamina from defective intra-uterine development, owing to the poverty of their parents, whose social and pecuniary condition proclaims them as unfit progenitors of healthy offspring. These children should never have been born.

I don't wish to be misunderstood—no one has a more decided belief of the criminality of feticide than myself. I hold an abortionist to be a murderer not alone of the body, but it may be the destroyer of a soul in addition, the child dying before its birth, and I hold him or her equally culpable before the law of God or man, no matter how early he or she interferes to interrupt or to terminate gestation *after conception has occurred*—no matter what the plea may be on the part of the mother or the father of the unborn child, provided the conception is a normal one. So decided are my views as to this matter that I have always refused to perform craniotomy on my own account or to assist in doing so in the practice of others. Fortunately during my obstetrical career, which is now virtually finished (my practice in electrotherapeutics taking up most of my time), I had occasion only once to operate in a presumed proper case, and despite my associates' protests I did abdominal section and saved both lives. One exception I recognize to this rule, and one only—that of extra-uterine pregnancy when diagnosed so far as may be prior to six weeks, and before rupture of the tube or sac has happened—then I believe and strongly urge electrolysis as the proper method of saving the mother from almost certain death, in the event of which of course the embryo is also lost. As to whether the fetus should be removed after development of the placenta by laparotomy or be left to nature, I say nothing; others better able to decide than myself will no doubt settle the matter satisfactorily before long.

With a full sense of the importance in all its bearings what I now say, and recog-

nizing clearly just how prompt many physicians will be to condemn me for my opinion (to say nothing about the anathemas of the church in its every faction) I state my belief honestly and fearlessly, that under proper conditions the PREVENTION of conception is not only proper *per se*, but that it is *imperatively demanded under certain circumstances*. Where is the justice of condemning children to inherited syphilis, scrofula, or tuberculosis? Do we know for a certainty that the progeny of the husband or wife afflicted with these or other transmissible maladies will be healthy offspring, their parents being sufferers from them undeniably through inheritance themselves? What right has an epileptic to bequeath his disease to an innocent child, or why should hypocritical sanctimoniousness encourage the multiplication of imbeciles through the mating of men and women who are more or less mentally weak or absolutely insane? It will be said, of course, that continence should govern such people, for marry they will; that the object of the holy state of matrimony is not the gratification of sensual appetites; that the whole outcome and possibilities of conjugal love are in the hands of a higher power than ours; that interference with nature's processes is morally and physically wrong—all of which I unhesitatingly deny as arrant nonsense on a par with the assumption that the marriage bed becomes a brothel when any attempt at prevention or ordinary cleanliness is observed. Ablution does not constitute a brothel, nor is a married woman a prostitute because she practices it. The oft-quoted story also of Onan has, to my mind, no bearing on the question, even were it literally true, which would be hard to prove, except to those who believe all Scripture as meaning precisely what it says, no matter how self-contradictory the narration may be. Turning to the purely medical aspect of the problem, I never saw a more ludicrous display of double cunning than appeared in a medical journal, wherein a professor of gynecology warned his class against the wickedness and baneful effect of simple aqueous or medicated vaginal douches when employed as a preventive measure after coition, when in the same journal farther on this man begged his pupils not to forget his repeated injunction as to the value of just such injections in large quantity under all conditions of uterine excitement, engorgement, or inflammation. One talk was for the religious public, the other a genuine piece of advice to his students, and a good

one as we all know. The carnal demands of man throw aside all recognition of such regulations, and for one husband, who out of regard for the feeling and welfare of his wife abstains from sexual intercourse when it is desirable or absolutely necessary to do so, a million will insist on their "rights" and leave their spouse to endure the consequences.

More than one nation has from time immemorial destroyed the puny and deformed at their birth, so that their people might be strong and brave. This summary method to some extent served its purpose so far as the children were concerned, but it did not save the mothers from the untold suffering dependent upon the absence of intelligent medical advice, in spite of the assumption that savages do not suffer in parturition. To be sure the comfort or happiness of the women in these tribes was not counted, for they were mere chattels or conveniences amongst barbarians. How much better off are many of our civilized communities to-day in this respect? They are not as well off, for, because infanticide is a crime and is not practiced, the maimed, the halt, and the blind are compelled to struggle through life so long as it lasts, and our asylums, almshouses, jails, rookeries, and palaces bear irrefutable testimony that something is wrong, despite the progress of civilization, and the sermons of those who assume to be leaders in medicine or religion. Only last week an estimable lady told me that believing that she would die in the event of having to endure another pregnancy and confinement, her husband was compelled to abstain from sexual intercourse with her, and this because she firmly assured him that she would commit suicide before again undergoing what I am sure was almost martyrdom. Now this man is by nature unable to control his animal passion, and that he gratifies it away from his home is known to his wife. Is it a sin to control conception here (for the woman admits that she is not at all cold or apathetic conjugally)? It will not do to say that a man *can* control his sexual appetite, and that he *must* do it. Some men cannot, and many who are supposed to do so are simply apt in concealing their indulgence from public gaze. I could multiply examples of this nature, and so can any physician who has enjoyed the confidence of as many families as I have done for more than a quarter of a century. Shut your eyes as you may, every observant person of intelligence knows my statement to be true.

(The reports of lunatic asylums show that unbridled sexual indulgence is a factor in producing mental disorders, and it is equally certain that undue restraint of a natural and necessary exercise of the sexual instinct is likewise a prominent cause of insanity.) If prostitution—a gigantic evil—is ever to be eradicated, it can only be done by encouraging judicious marriage relations; and as law and custom have recognized or prescribed monogamy as the proper form of married life with us; and as it is a fact that the male is ever ready and generally solicitous for intercourse during his prime, whilst the female is only so at periodical intervals when at all, at which time she is more exposed to conception than in the interim, it is evident that unrestrained indulgence must lead to rapidly recurring pregnancies in women during the child-bearing period provided they are not sterile. This being so the question is reduced to this—Is it proper, is it humane, is it desirable that the lot of a married female should be a continual round of impregnation, delivery, and lactation? Would such conduce to the happiness of the home; to the welfare of the family; to the sturdiness of the progeny thus generated? I do not hesitate for an instant to say NO! and I look with more than suspicion on the fulminations of those who, assuming superior virtue, condemn any and all attempts to control conception—I don't believe what they say! The land is full of wretched, broken-down women to-day whose lives have been wrecked because they have become mere machines for the reproduction of the race, and if the race is degenerating as many think it is, it is worth careful consideration whether or not something in the way of controlling the quantity would not enhance the quality of the product. Volumes of sounding words might be written on this theme, but in what I have said in this paper my object has been to take the matter plainly in hand, and give a straightforward statement of what I believe to be right and proper in considering a momentous question. To me the matter reduces itself to a choice between feticide and prevention. The one is an indefensible crime—the other a necessity.

246 North Twentieth Street.

—One hundred and sixty-three new cases of yellow fever and six deaths were reported in Jacksonville September 22. Of the new cases, 103 were among the colored population.

THE PSYCHOLOGICAL INFLUENCE OF ERRORS OF REFRACTION AND OF THEIR CORREC- TION.

BY GEORGE M. GOULD, M.D.,

PHILADELPHIA.

The fact indicated by the title above is one that I have repeatedly observed, and yet I have never so much as seen it alluded to in the most distant way by ophthalmic surgeons. It is now a matter of common knowledge that the pathological relations of the eye and the rest of the system are of the most intimate nature; that refractive errors or muscular insufficiencies are the great prolific sources of headache, and that gastric troubles, and numerous forms of reflex neuroses, even chorea and more profound derangements of the nervous system, may ultimately be due to eye-strain. But no one seems to have thought what a tremendous influence upon character and life may be exerted by an uncorrected eye-strain. The microscopic size of the defect has served to keep it ignored, and its influence also minimized by the general ignorance of the extent and exceeding intimacy of relation of the organ of sight and the organ of mind. Indeed, so thorough-going and wide-spread and causal are these relations that the reach of all the other senses combined is but a fraction of that of vision in the creation of intellect. In the light of evolution and psychology, reason and mind may almost be said to be products of the visual mechanism. Language itself, the *sine qua non* of intellect and civilization, is but the record of things seen; the letters of the alphabet are each and all but conventionalized pictographs, and mental pictures, or signs of pictures, are the counters used by the mind in all the processes of logic or thought. The ocular mechanism is like a bank at which mental counters and notes are tested and cashed with the coin of reality and truth. What more natural, therefore, than that a disorganized and faulty bank should disarrange the processes dependent upon it. If a false image, or one that is distorted, or one that is only reached by an exhausting expenditure of energy is the model of comparison, the action of the mind is disturbed, heredity is at war with reality, and the mental mechanism undergoes a subtle but profound change. It is, of course, in the young that this unfortunate process goes on at the most rapid rate, but is all the less noticed by parent or teacher. The most frequent method in which an

uncorrected eye-strain acts disastrously upon the developing mind is in making study and literary labor so irksome that the mind is slowly but irrevocably turned from intellectual pursuits and directed to physical activities for an outlet of its energy. This, in the formative period of the child and youth, is of the most absolute and tragical importance.

A year ago a boy of nine years was brought to me for examination of the eyes. He was a child of large brain, active mind, and fine character, whose parents were educated, intellectual people. But *this boy had never learned his letters*. It had been utterly impossible for him to exercise his accommodation long enough upon a printed page to learn the alphabet. I corrected his hyperopic astigmatism, and within the past year he has more than made up for lost time; in reading, arithmetic, writing, and such studies being well ahead of children of his age. The gist of the matter consists in the question, What would have been the result if this boy's parents had not been keen-witted enough to suspect ocular trouble? Plainly, the boy would have grown up with the poorest interest in intellectual pursuits, and more and more unconsciously driven to physical ones; a professional life would not have been chosen, and the position for which, by all the laws of heredity and endowment, he was fitted to take in life would, if thought of at all, have been only as a matter of regretful wonder on the part of parent or friend that it had not been adopted. I have had many similar examples in my practice. For instance, a woman, 22 years old, came to me suspecting that her daily headaches, persisting for many years, might be connected with eye troubles. It was, indeed, so. Her headaches disappeared, and other nervous derangements and choreic affections, and her general deterioration of health was changed as if by magic from the day her hyperopic astigmatism and insufficiency were relieved. But I also was interested to learn that in the past ten years one by one the intellectual and æsthetic occupations she had heroically undertaken had been laid aside, and everything dependent upon near vision, such as study, languages, painting, needlework, music, etc., etc., had been found so tiresome that her life had been wrenched from its natural order, and her whole mind had been regretfully turned to other exercises and uses.

Still another somewhat pathetic case came to me last week. Parents and teachers had for years stupidly scolded and punished a

bright little girl ten years old, because of her inattention to studies and because of her petulance, nervousness, and insubordination. In fact, the child was quite choreic, and the pinched eyes and bent head told of eye-strain at once. Both eyes were astigmatic to the fearful degree of 5.50 D.—the highest astigmatic error I ever have met with. Who can doubt that her spectacles will have the most happy effect in changing the child's disposition, character, and the trend of her whole life, not only physically but in a psychological sense? There can be no doubt that this subtle and far-reaching cause—eye-strain—is at work everywhere to balk and blight. How many vocations and careers—intellectual, professional, or æsthetic—have been left unfilled, the natural aptitudes of character and endowment failing to reach their predestined fruition, because this subtle but effective enemy rendered it impossible? It is easy to pooh-pooh, and to talk glibly about the ridiculous conceits and exaggerations of the medical specialist. The pique of a dogmatist or hobby of a narrow-minded specialist is as nothing to the duty to truth and to humanity. The question remains, Is it so or not so? If my contention is true to the extent of the one-hundredth part of what I believe, it is a matter of the most profound significance for every parent, guardian, or general physician. Exactly their particular child or patient or friend may be undergoing an experience that is moulding the whole course of its future life, character, and influence upon the world. Liebreich contends that Turner's vision of the world and his pictures, and hence his æsthetic influence, was distorted by his astigmatism, and that if you wish to see a picture of his as it should have been painted, you must look at it through the cylindrical lens Turner should have worn to correct his astigmatism. If this be so, how sad it is to think Turner had not had such a lens! But however this may be, we cannot doubt that many a promising life has been switched, permanently crippled, into the side-tracks or lumber-yards of mercantile or humdrum life, that might have swept across continents, bearing its messages of intellectual honor and humanitarian service to all.

I cannot avoid the conclusion, let who will indulge his sneer and slur at "the weak vagaries of the specialist," that all young people who show any disinclination to literary work, or in whom such work produces any headache, ocular pains, or weariness and dimness—all such should at once

be sent to a competent oculist for examination as to the existence of refraction-errors or muscular insufficiencies.

119 S. Seventeenth St., Philadelphia.

ŒSOPHAGEAL STRICTURE.¹

E. T. PAINTER, M.D.,
PITTSBURGH, PA.

The patient, aged about thirty-eight, complained of difficulty in swallowing food and its regurgitation, both liquid and solid, and of inability to drink cold water or other cool drink. It was first noticed that food would not move on in response to the usual movements of deglutition, and that its onward progress was assisted by a few gentle raps on the back. This symptom first showed itself about six years ago. From this slight difficulty in the passage of solid food to the stomach, the patient gradually found herself compelled to subsist wholly on liquid foods, and these could be retained only when taken at a certain warm temperature. Neither water at ordinary temperature, nor cool drink of any sort, nor solid food, had entered the stomach in a period of years. She was emaciated and destitute of physical vigor.

An examination of the œsophagus with a bougie proved the existence of a band, which would resist the further progress of the instrument till the constriction *would* to give way, when the bougie would easily slip into the stomach. Neither had the diameter of the bougie, nor the flexibility of a tube, nor force, seemed to have anything to do with passing through the constricting ring. Passage beyond the constriction could be made only when the ring was so disposed and inclined. There had been no pain or hemorrhage. There was no history of the introduction of a foreign body and its impaction, or of the swallowing of a strong acid or strong alkali. No aneurism was evident. There is no history of carcinoma. The constriction was sixteen inches from the lower incisors. Dysphagia and regurgitation, which prevented the patient retaining sufficient nourishing food, were the only symptoms given.

As drugs, massage, the passage of a flexible tube, and the Faradic current had failed to accomplish any good results, I resolved to give a thorough trial to the galvanic current locally applied, and that experiment

I proceeded to make. I employed from six to ten cells of a galvanic chloride of silver battery, placing a sponge electrode joined to the negative pole in one hand, and an œsophageal electrode connected with the positive pole within the constricting ring. This electrode consisted of an ovoid shell, seven-sixteenths of an inch by three-fourths of an inch of perforated hard rubber, which could be unscrewed in the middle, and had sufficient space within for absorbent cotton, which came in contact with a small expanse of platinum, and that in turn was united by an insulated wire to the battery.

The battery used gives a current absolutely constant in character; and a water rheostat served to differentiate the strength of the current. My applications were made three times a week for a few weeks, then twice a week, each treatment lasting from six to twelve minutes.

At the termination of the first treatment the following occurrence took place. The current had passed for as long as I thought best, when, on attempting to withdraw the œsophageal electrode, it came easily, in response to my traction, for a few inches, when it was seized by a contraction of the œsophagus and there firmly held for a few seconds. This peculiar accident did not happen a second time. After each treatment the patient placed herself in a recumbent position for a half-hour. At the fourteenth visit the electrode was passed through and beyond the point of stricture without the knowledge of the patient, nor did I feel any sensation of opposition. At dinner, after the fifteenth application, the patient ate meat and bread and butter.

In about three months I made twenty-five applications, obtaining most decided improvement. The contracting ring persists, but its irritability has disappeared. The patient eats, without regurgitation, of what others at the table partake, restricting herself in only one item of food—meat, which is cut fine for her. She drinks water and milk freely. For a time the stomach, unaccustomed to such foreign substances as bread and butter, strawberries, cheese, etc., made the patient aware of its change in function by dyspeptic disturbances.

The interesting points in this case are these: The ease with which a diagnosis of dyspepsia could have been made, its long existence, its obstinacy under manifold treatment, the continued presence of the stricture without its irritability, and the rapid change in character of the constriction under the influence of the galvanic current.

¹A paper read at the meeting of the Allegheny County Medical Society, August 21, 1888.

**FRACTURED PATELLA TREATED
BY WIRING.¹**BY J. J. BUCHANAN, M.D.,
PITTSBURGH, PA.

The patient is a German laborer, and his fracture was the result of direct violence, caused by the stroke of a three-hundred pound box which fell against his knee. He stated that the accident happened in the middle of the day of June 30. He continued to do his laboring work till evening, but on the following day found that he was unable to stand on the limb. I suppose that the blow broke the bone, but the capsule held together till evening. When he was brought to the hospital, five days afterward, the joint was considerably distended and the fracture easily recognized, but the lower fragment seemed to be very small. He was informed of the probable result by the use of external appliances, and the advantages as well as the risks attending the method by suture. With a full understanding of the circumstances he demanded the treatment which would give him the most useful limb, even though at some slight risk to his life. I accordingly operated on the eleventh day after the injury.

The most scrupulous precautions against sepsis were taken. Instruments and appliances were put through the same course of preparation as for laparotomy. Continuous irrigation with 1-2500 sublimate solution was employed, and the transverse incision was made to the full extent of the rent in the capsule. The lower fragment was not larger than a chestnut. The capsule was much lacerated, and a number of narrow shreds hung into the joint; the joint contained a great deal of clotted blood and bloody fluid. The joint was thoroughly washed out and all loose pieces and ragged ends and edges of capsule were cut away with scissors. The fractured surfaces were refreshed by the vigorous use of a curette. A single hole was drilled through each fragment, the drill entering about three-eighths of an inch from the line of fracture, and emerging at the cartilaginous border of the fractured surface. As a motive power for the drill, I used the dental engine, which was kindly supplied and manipulated for me by Dr. Charles Phillips, a dentist of this city. A silver wire of No. 24 gauge was passed. An incision was made into the lower part of the

joint on the outside of the limb and a rubber drain inserted, the inner extremity barely entering the joint. The silver wire was then twisted firmly, which brought the fragments into place, and the ends of the wire were turned down between the edges of the apposed fragments. The capsule was closely united over the whole length of the rupture with the continuous catgut suture.

Interrupted silkworm-gut stitches were used for the soft parts down to the capsule. Sublimated dressings and a posterior splint completed the work. At the expiration of the third day the drain was exposed and withdrawn. The primary dressing was removed at the end of a week, when the wound of the soft parts was found to be soundly healed and the skin stitches were all taken out. The progress of the case was aseptic and of course absolutely devoid of pain and discomfort. At the end of four weeks the patient was allowed out of bed, and at the end of five and a half weeks all dressings were removed and he was allowed to walk upon the limb with the aid of crutches. At the end of six and a half weeks he was permitted to rely on a cane without any support to the limb. When I last examined him four or five days ago, palpation of the patella gave no evidence of its ever having been fractured. The range of motion is not yet great, but is rapidly increasing and will, I doubt not, be completely restored.

There is no question that the treatment of fractured patella by external retentive apparatus is extremely unsatisfactory. An occasional case of close ligamentous union encourages the surgeon, but the great majority of cases have a half-inch or more of separation which gradually increases; a large proportion have refracture or rupture of the ligament and almost all have limbs of greatly impaired usefulness.

On the contrary wiring, when it succeeds, as it usually does, is said to leave the patient with bony union and with a freely movable joint. It certainly is the most speedy and least troublesome of all methods of treatment. I myself think it is destined to be the treatment of the future. As our methods of securing asepsis of operative wounds become more certain and our skill in applying them increases, so will the patella suture become better established. In the present condition of the science the mortality of this operation is slight, but it still exists. I think it will be reduced practically to zero. As things now are I think the advisability of the operation in any particular case should

¹ A paper read at the meeting of the Allegheny County Medical Society, August 21, 1888.

depend upon the wishes of the patient and the skill of the operator in securing asepsis. If the patient is unwilling or his attendant lacks the technical skill for rigid antiseptics the operation should not be thought of. On these points I can do no better than to quote the words of Dr. Frank W. Rockwell, of Brooklyn: "Finally, I believe that as long as this form of fracture is treated by the ordinary methods employed, just so long will the present unsatisfactory results continue to obtain; and I believe it to be the duty of the surgeon, in any given case, at least to give his patient the benefit of deciding for himself whether he will have wiring done or not, and in event of his selecting the operation, to do it at the earliest proper time, if capable of performing a thoroughly aseptic operation, since I believe that by so doing he will obtain the best results in the largest number of cases."

To the same effect has Dr. Lewis S. Pilcher, also of Brooklyn, expressed himself: "The whole principle of exposing the patella and refreshing the fragments and bringing them together is the outgrowth of the antiseptic principle, and to a very considerable extent it may be considered one of the most difficult achievements of antiseptic work. Now it seems to me that, in expressing an opinion upon the justifiability of an operation of this kind, we ought to qualify it somewhat in this way: That a surgeon who has become a master of the practice of antiseptics, as well as the principles, and who is able to control with certainty the conditions which surround his patient, would be justified in opening the knee-joint in a recent case of fracture of the patella and bringing the fragments together; but I doubt very much whether, excepting under such circumstances, it would be justifiable."

—In consequence of the criticisms passed upon the Board of Health in the matter of the death of Richard A. Proctor, the astronomer, particularly by George W. Wilson, a friend of the deceased, who declared that he did not die of yellow fever, an autopsy was held on the body by Drs. Prudden and Biggs, pathologists to the Board of Health. These physicians report that, while decomposition was so far advanced that it was impossible to arrive at a definite conclusion as to the cause of death, there was nothing to indicate that the cause of death was not yellow fever. This can hardly be regarded as a demonstration, and the diagnosis still rests in some doubt.

SOCIETY REPORTS.

ALLEGHENY COUNTY MEDICAL SOCIETY.

Special Meeting, August 21, 1888.

W. M. BRINTON, M.D., President, in the Chair.

Dr. T. W. Shaw read the Report of Committee on the death of DR. THOMAS J. GALLAHER.

Fatal Case of Typhoid Fever.

DR. J. C. McMULLEN reported a case of typhoid fever. The case proceeded favorably until upon the seventh day milk was given the patient. This was followed by a high temperature and a rapid pulse. Vomiting supervened, and the patient died upon the thirteenth day. The value of milk as a food in typhoid fever was then discussed.

DR. WOOD thought it a case in which milk was injurious, and he considered the feeding of milk a frequent mistake. Some patients have idiosyncrasies that make milk harmful. Again, it is a proper food late but not early in the disease. Good digestion of milk is often insured when whey, or half milk and whey, is given.

DR. J. M. BATTEN thought the case a malignant one, and its termination in no manner influenced by the milk administered. The temperature should have been controlled by cold baths instead of by quinine, as was done.

DR. W. D. KEARNS said that beef tea is proper food when milk is rejected, and that high temperature is not to be feared to the extent formerly believed. He never exhibited antipyretics in his practice, but stimulated the patient, giving quinine and carbonate of ammonia.

DR. STEWART called attention to the utility of butter-milk where milk was rejected.

DR. McCANN thought that, as a rule, typhoid fever is badly treated. The patient is over-medicated and over-fed. Milk, because of its decomposition in the intestinal canal, is not a safe food. During this process the poisonous animal alkaloids are formed, and they, acting through the nervous system, induce relapses, high temperatures, and other unfavorable events. He uses antifebrine and sponge baths for high temperature, and prefers gruels, vegetable juices, and beef tea to milk.

DR. E. T. PAINTER read a paper on
A Case of Œsophageal Stricture.¹

DR. DUFF presented a case of
Purpura Simplex.

A child had been suffering from diarrhoea for some three or four weeks, and had received home remedies which would check it for a time, but it had returned in a few days. The child had been in this condition until the time I saw it. Upon seeing it I discovered at once it was a case of what I would term purpura simplex. There were spots of all grades upon its back and extremities, some very livid and some a pale yellow color as they were disappearing, all being, with one exception, about the size of a finger-nail. One on the back was perhaps the size of a silver dollar. I gave the child some bismuth and pepsin, and in the interim between the doses of pepsin I had it take two drops of aromatic sulphuric acid. It improved in a few days and then took a slight relapse, so far as the diarrhoea was concerned; but the spots continued to disappear. It got so well that I didn't see it for several days. I was sent for perhaps a week afterward and notified that the diarrhoea had returned, with vomiting. I saw it and continued the same treatment with the addition of lime-water. The child improved again for three or four days, when I dismissed it, as I thought it comparatively well. Its mother took sick within a few days after this, and I attended her for two or three days, when my attention was drawn to the child as suffering very materially from its teeth, as it was biting its gums and crying a great deal. I examined its teeth, or its gums, and found them very much swollen. I examined especially in the region of the upper canine teeth. I thought to relieve it by scoring the gum; this was in the evening, about five or six o'clock. I scored over one of the canine teeth and went home, thinking nothing of it. About daylight I was called to the house, and found the child lying in bed, the mother's clothing all over blood, and the bed bloody, and the child pulseless. I administered restoratives and worked with it for some time until it revived somewhat. In the afternoon I saw it again, and the purpuric spots had reappeared on its back and there was some hemorrhage from the bowels, as well as hemorrhage from the bladder. The child died the next morning. I may say that it is not strictly a case of

hæmophilia. I examined the histories on the father's and mother's side, and there was no history of hemorrhage in the family, with the exception of the father, who has frequently had severe hemorrhages from the nose. There is no history of tubercular trouble in either branch.

DR. J. J. BUCHANAN read a paper on
Fractured Patella Treated by Wiring.¹

DR. MURDOCH, in opening the discussion on Dr. Buchanan's paper, said: The case is certainly a very interesting one, and, as far as I know, it is the first case in this city in which the patella has been wired, either for simple or compound fracture. Every one who has had much practice in fractures of the patella has found some difficulty in keeping the fragments in position. Long before the use of antiseptics, or any attempt thereat, in order to hold the bones in position, Malgaigne's hooks were used; they are to be had yet, I suppose, in any of our surgical instrument stores. They were used in such cases successfully, but owing to the fact, probably, that the wound was not made aseptic, the operation was abandoned as leading to inflammation and disease in the joint.

The operation for union of the patella is one which the doctor says has an increased risk. By the old method of treating fractures of the knee the patient usually got well. For my own part, I think this operation involves a great risk, which a surgeon ought to estimate at its just weight. There have been several deaths from wiring the patella. In all cases of compound fracture of the patella, it should be wired if there is difficulty in keeping the fragments together by the ordinary apparatus.

I would say that, perhaps, in some cases it should be wired by a surgeon who is a master of antiseptics, and to those who have not the facilities of carrying it out thoroughly I would say, be careful; you might sacrifice a life, whereas, by using the old method of treatment, you would be perfectly safe, and would save the patient, possibly, with a halt in the gait. In one thing I disagree with Dr. Buchanan, and that is the idea of leaving such a serious matter to the patient himself. I don't think any patient is capable of judging the dangers he runs in undergoing an operation of that kind. He knows nothing about the value of antiseptics in the treatment of wounds; he doesn't know that it is any

¹ See p. 398.

¹ See p. 399.

different to perform an operation with antiseptic treatment than without; and to leave the question to a man ignorant of such matters, without being able to tell him how much risk he runs, I do not think it proper or right. I think the surgeon in such a case should be the judge, and should say to the patient which treatment will be proper.

DR. BUCHANAN: I would like to say that the patient ought to have the first choice. If he should say, "I consider my life of the first importance, I don't want it to be put in the slightest jeopardy," as any of you gentlemen might say, then I take it to be the surgeon's duty to say, "We'll do the best we can for you." But as this man says, "I am a laborer, my life depends on the usefulness of my limb; if I have a crippled limb I cannot make my living; how much risk is there?" I say to him, "I don't think there is one chance out of ten, probably not one chance out of twenty that you will die." And there are cases by the dozen where the conditions are as I have stated, and where the patient will say, "I will take that chance; give me the strongest limb, for I can't make my living without it." Under these circumstances I think that the man has a right to his choice, and I think we can give him some idea of the risk he runs by telling him how many in the long run lose their lives by the operation.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS.

Second Annual Meeting, at Washington, September 18, 19, and 20, 1888.

EDWARD L. KEYES, M.D., of New York, President.

After a brief address of welcome to the members, the President introduced DR. ROSWELL PARK, of Buffalo, who read a paper on

Pyæmia as a Direct Sequel of Gonorrhœa.

About a month before his admission to the hospital, the patient who formed the subject of the paper contracted a gonorrhœa. The discharge ceased after about two weeks, and a few days later swelling of one knee developed, which was treated by a physician for gonorrhœal rheumatism. When admitted to the hospital, one knee was greatly swollen, the other less so, and the symptoms were typhoidal. They increased in severity and ended in death. The autopsy revealed pus in several joints,

and an abscess and erosion at the articulation of the clavicle with the sternum. The mesenteries were enlarged.

Cases of pyæmia as a direct sequel of gonorrhœa, Dr. Park said, were extremely rare. It had not been proved that the gonococcus could give rise to the sepsis. But he had examined and found the presence of septic microbes in all urethræ which he had examined, whether the discharge were evidently gonorrhœal or apparently healthy.

Clinical Observations on Gonorrhœa, with Special Reference to Etiology, Duration, and Treatment.

DR. JOHN P. BRYSON and DR. EDWIN C. BURNETT, of St. Louis, presented the paper. The authors believe that in order to obtain a true history of the course of gonorrhœa, only virgin cases should be studied; that following the course of such cases one can easily convince himself of its specific nature from the peculiarity of its clinical phenomena alone. Chief among the clinical phenomena in establishing it among the definite specific diseases, is a tolerably definite period of incubation, which varies from three to ten days. The gonococcus of Neisser is present in specific cases, and in such cases the inflammation is greater than in urethritis due to traumatism or chemicals, and complications, such as chordee, epididymitis, etc., are much more frequent; there is obstinacy to all treatment and a tendency to chronicity. The proneness of specific urethritis to indefinite chronicity has been overlooked by most surgeons and has led to great errors in prognosis and as to the value of topical treatment: The abortive treatment they regard as both inefficient and harmful. Local treatment of all kinds is not justified in the first and second stages. All local applications should be reserved for the third or declining stage. They recommend internal administration of remedies supposed to have germicidal value, and the restriction of the diet. The gonococcus, of Neisser they look upon as an essential etiological factor.

Retro-injections in Gonorrhœa.

DR. E. R. PALMER, of Louisville, opened his remarks by a reference to Dr. Brewer's paper read before the New York Dermatological Society, and one read before the Kentucky State Medical Society on the use of retro-injections in gonorrhœa; and said that according to his experience with the method, recently, it resulted in many cases for a time so nearly in a cure that it led

both patient and doctor into the delusive belief that the trouble was over. But after a time the patient would go to another physician or return for treatment. Consequently the speaker had found it best and necessary to resort to mixed local treatment, making the injections of a weak solution of bichloride of mercury (1-30000) and also employing a solution of boric acid or salicylic acid.

DR. STURGIS, DR. BANGS, DR. TAYLOR, the PRESIDENT and those who discussed the paper coincided in the belief that as a rule gonorrhoea could not be cured inside of five or six weeks, and that then patients would still find the physician's aid necessary.

The Use of Nitrate of Silver in the Local Treatment of Chronic Urethral Discharges.

DR. F. R. STURGIS, of New York, in this paper, devoted a few remarks to the pathological appearances of the diseased mucous membrane in cases in which it is desirable to make the applications; he described a small endoscope through which he was enabled to make the applications just where desired, and thus avoid the pain to the patient and the injury resulting from the solution coming in contact with the healthy portions of the urethra. Applications frequently made of solutions of nitrate of silver of from twenty to forty, and even as strong as sixty grains to the ounce had in his practice soon changed the character of the lining membrane for the better and caused the discharge to cease entirely.

The Diagnosis and Treatment of Chronic Urethritis, with Demonstrations of Instruments.

DR. OBERLÄNDER, of Dresden, Germany, sent this paper, which was read by Dr. J. A. Fordyce. It contained a description of an endoscope employed by the author, which made very excellent illumination of the diseased urethra. The appearances found in different degrees of inflammation received considerable attention, and in the latter part of the paper the author spoke in favor of dilatation in preference to cutting operations in overcoming the tendency to stricture. The dilator was like that of Otis's, and was covered with rubber. As soon as dilatation was made much could be effected, he said, by medication. Of injections, he gave the preference to bichloride of mercury and nitrate of silver. He had discarded the galvano-cautery and sulphate of copper.

The PRESIDENT, DR. TAYLOR, and others present had found the use for the endoscope limited.

Connection Between Masturbation and Stricture of the Urethra.

DR. SAMUEL W. GROSS, of Philadelphia, in this paper added a large number of cases to those which he first published in 1887, calling attention to the fact that masturbation is a common cause of stricture of the urethra. The examinations were made of persons who had never had gonorrhoea nor an injury of the perineum. In nearly nine-tenths of all the cases there was a stricture, nearly always of large calibre, usually single, and situated near the orifice.

DR. WEIR admitted the common existence of coaptations of the urethra as described by Dr. Gross, not only in masturbators, but in others as well, and he could not attribute them to the habit of masturbation. In general, the other members who participated in the discussion agreed with Dr. Weir.

DR. GROSS replied that in these patients the urethra was extremely sensitive to the passage of instruments at the point or points of stricture, that the endoscope showed congestion, and that division of the coaptation near the meatus could be made and the tissue examined, showing that it was true stricture.

The Curability of Urethral Stricture by Electricity: An Investigation.

DR. E. L. KEYES read the paper. He had been led to make investigations regarding this method of treatment because several patients who had consulted him were not willing to receive any other. Hoping to be convinced of the great value claimed for it, he had sought advice and instruction himself and through his assistant from Dr. Robert Newman, who had very kindly granted his request. Altogether there were seven cases, two treated by Dr. Keyes, one by Dr. Newman himself, in the presence of Dr. Keyes's assistant, Dr. Fuller, and the others by Dr. Fuller, in each instance Newman's method being employed. In no instance had any more benefit followed the use of electricity than would follow any ordinary dilatation. The pain which it occasioned, the necessity for putting the patient to bed, and the danger of perineal abscess which threatened, were to be noted.

A current of two and one-half milliamperes was harmless, but he believed that it also had no effect whatever; a strong current, he said, was fraught with danger. The case treated by Dr. Newman was not benefited, although Dr. Newman took a different view

of it. In one case, the resistance to the passage of the instrument was not due to a fibrous stricture, and here no claim could be made for the electrical treatment, unless in overcoming spasm.

DR. WATSON, of Boston, had used Newman's method of employing electricity in six cases of stricture, without successful results; it had been unsatisfactory in the hands of Dr. Bangs, Dr. Sturgis, and Dr. Tilden Brown; and Dr. Chismore, after one success apparently due to electricity, had found it without benefit.

Notes upon the Prognosis of Organic Stricture of the Urethra.

E. HURRY FENWICK, F.R.C.S., of London, sent the paper. He said that in the obstruction offered to the overflow of urine by an unrelieved stricture, three muscular systems, the vesical, ureteric, and cardiac, became successively affected with hypertrophy. This increase of expulsive power was rarely of long duration, relaxation and atony taking its place. The cardiac condition was contingent upon the renal changes, which in their turn depended upon the failure of the barriers to backward pressure which healthy or hypertrophied vesico-ureteric muscles presented. Hence the importance of estimating the condition of these dyke-like muscles. Their energy or capacity might be appreciated by ascertaining the presence or absence of residual urine. The author gave the results of careful and systematic examinations of the residual urine in 75 cases of organic stricture, showing its relation to the prognosis of the disease. He thought such examinations should be made in all cases.

The Operative Treatment of Hypertrophy of the Prostate, with Stereopticon Demonstrations of Specimens, etc.

DR. FRANCIS S. WATSON, of Boston, read the paper, and made quotations from the writings of surgeons of to-day, showing that professional opinion is at variance regarding the propriety of a radical operation of any sort in cases of hypertrophy of the prostate, and that at present no *rationale* underlay the operative treatment of the disease. The data, he said, were of two sorts, clinical and the collection of anatomical specimens, thirty-four in number.

He made three points, referring to the operation based on the specimens: One, the distance from the junction of the membranous and prostatic urethra to the most distant part of the median enlargement

within the bladder, which he called the perineal distance; two, the form of the median enlargement; three, whether the bladder was of small capacity and non-distensible, or the contrary. On the nature of these three factors, he said, the choice of operation rested. If the perineal distance is not greater than two inches and three-fourths or three inches, the enlargement could be reached by the finger through the perineum and operated upon. If, however, the form of the median enlargement was very salient, approaching the pedunculated form, it would be better to approach it through the supra-pubic route, even though it could be removed through the perineum. Third, the distensibility or non-distensibility of the bladder made possible or impossible the supra-pubic operation with its modern technique of Petersen. In about two-thirds of the thirty-four cases the enlargement could have been approached through the perineal route, while in the other third the supra-pubic operation would have been necessary. Clinically, the mortality had not been greater than by palliative treatment, and the permanency of results had given much encouragement. The author had operated in two cases; in one the patient died of irritative fever, and in the other the patient was well after three weeks, and had remained free of his urinary and prostatic troubles.

DR. ABNER POST, of Boston, then read a paper on

Prostatotomy for Enlarged Prostate at the Age of Forty-two Years.

The exceptional features in this case referred to the age of the patient (forty-two years), the character of the growth (being very hard and smooth, but not cancerous), and to the question of the proper method of treatment. The growth he thought was a distinct fibroid. The obstruction to urination was overcome by perineal division of the hard growth, and the use of a drainage-tube for a time, which prevented re-closure and contraction at the severed portion. None of the specimen was removed for microscopic examination. The patient is well.

The History of the *Filaria Hominis*;

its discovery in the United States, and especially the relationship of the parasite to chylöcele of the tunica vaginalis. DR. W. M. MASTIN, of Mobile, was the author of this exhaustive paper, which also included the history of a case originating in the U. S. observed by Dr. Mastin. There was ground, he said, for the belief that a filarial

infested individual was rarely if ever in a perfect state of health.

Clinical Observations on Diseases of the Testicle.

DR. L. B. BANGS, of New York, read a paper which contained the histories of three or four cases illustrating the difficulty of diagnosis and other points connected with diseases of the testicle. He believes that in far the greater number of cases inflammation of the testicle is due to direct injury or extension of inflammation from the prostatic urethra.

The question of removal of the testicle for tuberculosis having been raised, the PRESIDENT expressed the opinion that the tendency regarding extirpation was toward conservatism.

DR. BRYSON concurred in this opinion, yet there were cases, he said, in which removal of the tuberculous testicle was clearly indicated.

DR. TAYLOR thought that it was rational and conservative surgery to remove the tuberculous testicle, which, if it remained, only encumbered the scrotum.

A Case of Removal of both Testicles for Recurrent Carcinoma.

DR. FRANK W. ROCKWELL, of Brooklyn, related the case, which was that of a man who applied for admission to the hospital early in January, 1887, having two months previously noticed a hard nodule in the right epididymis. The epididymis had reached about six times its original dimensions. Dr. Rockwell extirpated the testicle with the diseased tissue, the testicle itself not being involved. The disease was scirrhous. The following May the same condition appeared in the left epididymis although the lymphatics were not at all enlarged, and there had been no recurrence at the original seat of the disease. The left testicle with the growth in the epididymis was removed, the testicle being free from disease, the nature of the affection being scirrhous. When last seen in July the patient was entirely free from recurrence.

Some Points in the Differential Diagnosis of Bladder and Kidney Affections,

with demonstrations of the cystoscope and other instruments.

DR. ALEXANDER W. STEIN, of New York, read the paper. The following questions, he said, often arose: Are the bladder symptoms due to renal disease? Are the kidney symptoms due to vesical disease? Are they independent of each other? And

when one kidney is involved, which is the offending member?

It had become an axiom, he said, that the more remote the pathological encroachments were from the vesical neck the more tolerant was the viscus of their presence. On the other hand, remote and often insignificant causes excited the bladder to undue irritability, even though intrinsic lesions might be absent. In a large number of cases of vesical irritability in women in which the exciting cause was obscure, dilatation of the vesical neck afforded prompt relief. The advantages of the cystoscope were pointed out, but there were conditions in certain cases, he said, which interfered with its use. Passing to methods for collecting urine directly from one ureter, the author described a catheter which he had invented for this purpose on the end of which was a rubber bulb with a fenestrum which he had found by experiments on the cadaver could be introduced through the urethra and applied directly over the mouth of the ureter. He thought it would prove successful in the living subject.

Demonstration of a Perfected Evacuator and an Improvement in the Method of Removal of Débris from the Bladder.

DR. F. N. OTIS, of New York, read the paper, reviewing the history of the evacuator as developed by Professor Bigelow and the improvements by him and by Sir Henry Thompson and himself. He also exhibited the latest evacuators of Professor Bigelow and Sir Henry, and referred to the faults of others. The great difficulty had consisted in preventing the return of the debris into the bladder with successive aspirations. He declared that his own instrument was perfect in this respect, and required neither screen nor valve; that it now possessed a great advantage over that of Bigelow and Thompson in being about a pound lighter.

Surgeon-Major D. F. KEEGAN, of Indore, Central India, sent a paper on

Litholapaxy in Male Children,

which contained a table showing particulars of 114 litholapaxy operations performed on boys at the Indore Charitable Hospital, India, from December, 1881, to June, 1888. The mortality had been three and a half per cent.; of later cases, only one and three-quarters per cent. The average weight of the stones was 95 grains. The largest weighed in pieces over 600 grains. The average stay in the hospital had been six days. There had been, so far as was known, no recurrence.

Operations on the Kidney.

DR. WILLIAM H. HINGSTON, of Montreal, in this paper discussed more particularly nephrectomy, giving a brief historical review, and answering objections to the performance of the operation. The most difficult question of solution in the whole range of surgery, he said, is, What cases of renal disease are suitable for operative interference? Floating kidney had been mistaken, he said, for a diseased ovary; hydronephrosis for cystic tumor; cyst of the kidney for cyst of the ovary, for cyst of the liver, for carcinoma of the kidney, and so on. In one of his own cases, he had found it impossible while operating to say positively whether the tumor which he was removing was a tumor of the kidney or of the ovary. He recited some other cases from his own practice illustrating difficulty in diagnosis of affections of the kidney. In two or three cases, he had been able to distinguish between other tumors and a tumor of the kidney only by the presence of a limited resonance to one side of the umbilicus below the false rib. This was sometimes present in ovarian tumors, but very rarely so. The author claimed precedence in the removal of the kidney, having done the operation shortly before Simon, twenty years ago, the date of his operation being March 7, 1868. The tumor, a fibroid, weighing 15 pounds, was removed through an abdominal incision. The patient died before the completion of the toilet, the operation having occupied nearly three hours. Generally, the lumbar incision should be chosen.

Case of Nephro-Lithiasis, Complicated with Hydro-Nephrosis, in which Lumbar Nephrotomy was Performed.

DR. FRANK W. ROCKWELL, of Brooklyn was the author. The case illustrated in a marked degree the difficulties and uncertainties of exploratory operations as practiced in the lumbar region, and certainly for small calculi in normal or slightly diseased kidneys. The man first consulted him in the fall of 1887. When a boy he had suffered from hæmaturia and a calculus had been passed. When seen by Dr. Rockwell he had renal colic, hæmaturia, and at times there was fulness in the right flank. Retention of urine occurred more than once. Dr. Keyes saw the patient in consultation, and advised, if other measures failed, an exploratory operation. The posterior incision was chosen, and performed in

December. There was much difficulty in reaching and palpating the kidney. At one time Dr. Rockwell thought he felt a hard substance in the kidney, but was unable to feel it again, and the wound was dressed. The patient continued to suffer until the latter part of January when much relief followed the passage of a stone. Again in March another fragment was passed, but he had not yet entirely recovered from his former symptoms. Dr. Rockwell thought that if what he felt during palpation of the kidney was the stone, he had probably hastened its passage down the ureter.

Discussion on Papers of Dr. Hingston and Dr. Rockwell.

DR. PARKS, of Chicago, exhibited a renal calculus removed by lumbar nephrotomy. He first saw the man last May, and learned that he had suffered from intermittent attacks of pain and symptoms of renal calculi for ten years, the pain always being referred to the neighborhood of the left kidney. The symptoms in general pointing to renal calculus, he performed lumbar nephrotomy. There was great difficulty in fixing the kidney so as to palpate carefully it. He punctured the kidney in various places, but was still unable to feel the stone, and was about to give up the operation, when he again introduced his hand and on the posterior surface of the kidney felt a hard substance. The stone was rough, had numerous facets, and was grasped tightly on all sides, but he was enabled to remove it by a pair of slender forceps. The man made a good recovery and was quite relieved. He had performed nephrectomy in one case, removing a tubercular kidney as large as a man's head through a lumbar incision which was extended around in front of the anterior superior spinous process of the ilium, the point of the last rib being tilted out of the way. Regarding the diagnostic significance of the circumscribed area of resonance referred to by Dr. Hingston, he with others had mistaken an ovarian tumor for a diseased kidney because of the presence of resonance limited to the inferior right iliac region.

SIR WILLIAM MACCORMAC mentioned the case of a young man who had symptoms of renal calculus sufficiently distinct to lead a surgeon in St. Bartholomew's to undertake nephrotomy by the lumbar incision, but no stone was found. The patient afterward came under his care at St. Thomas's, when the symptoms were very severe; but in view of the negative results of the former operation he hesitated to interfere. He sent the

patient away, but he returned after a time, and as the pain was referred more particularly to a point corresponding to about the middle of one ureter, he explored this canal, but found nothing and closed the incision. He learned that the patient afterward passed an examination for admission to the army, and was then perfectly well.

The speaker then related three cases of injury to the kidney and sought the advice of those present. Three boys had been run over in the streets of London, and suffered, he presumed, a rupture of the kidney, which was followed by a large hydro-nephrosis. In each one the tumor occupied the whole flank, extending to the median line. One boy after several tapplings of the tumor, which contained urine, recovered. In the second case the tapping was continued about a year, but failed, and he then made a drainage opening, but this failed, and the sinus did not close, and lastly he removed the remains of the kidney and the boy got well. The third case was still uncured; aspiration of the tumor had failed, and the question arose, should drainage be attempted, or should the kidney at once be removed? It was because of the trouble from the fistula which was made for drainage and afterward refused to close that the kidney was removed in the second case.

DR. FRED LANGE, of New York, discussed the choice of operations. He had never operated for tumors of the kidney. He had removed the kidney the seat of pyo-nephrosis, and in these cases he would always choose the lumbar incision to avoid septic infection of the peritoneum. In some other conditions the anterior incision might be preferable. Much care should be taken not to break off any facets in removing the stone from the kidney for evident reasons. He had devised some instruments for its safe removal. It was surgical vandalism to extirpate the kidney for symptoms of renal calculus so long as there was a possibility of removing the stone alone. The stone might be in the opposite kidney from that to which the symptoms had been referred.

DR. GILL WYLIE, of New York, had operated upon the kidney seven times during the past four years, in two cases cutting posteriorly and fixing the dislocated kidney, and in five cutting anteriorly and removing the organ. As to what cases should be operated upon, much would depend upon the subjective symptoms. If these were not severe, the patient would be likely to refuse an operation however much it was urged by

the surgeon. As to choice of operations, he did not doubt that when the kidney was loose from its natural bed, or was enlarged, the anterior operation was the easier and safer. He had had no trouble from hæmorrhage or shock in the anterior operation. If there were strong evidences of pus, he would prefer the posterior operation. If he could not remove the kidney easily, he would close the wound, and subsequently make the anterior incision. A glass tube instead of a rubber one should be employed for drainage; the glass tube remained patent.

DR. RANSOHOFF, of Cincinnati, had removed a hydro-nephrotic kidney through an anterior incision made for exploratory purposes, but the patient died of sepsis. He believed the anterior incision should be adopted in most cases, except when there was special danger of sepsis.

DR. DE FOREST WILLARD thought that if the diagnosis was not pretty positive, the anterior incision should be chosen.

DR. R. F. WEIR, of New York, had done two nephrectomies, three nephrotomies, and had had one case similar to that narrated by Dr. Rockwell. In this case the kidney was thoroughly palpated, but no stone could be felt, and the operation was abandoned. Within twenty-four hours afterward, the patient was entirely relieved, and the urine was changed only in being somewhat bloody and containing a large number of uric acid crystals. He was rather loth to believe, therefore, that the trouble was due to only a recently-formed calculus. Yet it was known that the handling of the kidney in searching for a stone, none being found and none being passed, had in several instances resulted in relief of the patient. Regarding Sir William MacCormac's case, he suggested giving the patient the trial of drainage before proceeding to nephrectomy. While he agreed at present with Dr. Lange in his preference for the posterior incision in cases of danger from sepsis, yet his conviction was not so firm but what he might soon change it. Might not the peritoneum, he asked, be stitched to the edges of the wound in a way to prevent danger of septic matter entering its cavity?

DR. ANNANDALE, of Scotland, had cut down upon the kidney and palpated for stone in a number of cases, and, finding none, closed the wound. Yet the patients, excepting one, had afterward been relieved of their symptoms.

The PRESIDENT was of the opinion that in Sir William's case he would remove the

kidney at once, since the attempt at drainage had resulted so unsatisfactorily in the first case.

DR. G. R. FOWLER, of Brooklyn, had, in the case of a woman suffering from nephrolithiasis, made an abdominal incision and palpated the kidney, but discovered nothing. Her sufferings increased after a year, when he made a lumbar incision over the left kidney, but again found nothing. After the second exploratory operation, however, the patient's symptoms disappeared.

The discussion was closed by the authors.

On the Effects of Rapid Changes of Altitude in an Advanced Case of Interstitial Nephritis.

DR. GEORGE CHISHORE, of San Francisco, read the history of the case, that of a man who had peculiar aggravation of conditions related to his kidney affection when reaching the high points in the mountains on a journey from San Francisco to New York, in which latter city his case terminated fatally. The paper was a pioneer one in this line of investigation.

Résumé of an Experience of Seventeen Years with the Operation of Dilating Urethrotomy.

DR. F. N. OTIS, of New York, in this paper, traced the successive improvements made in his dilating urethrotome since its invention in 1872, showed the advantages of this method of treatment over previous and other more recent methods, and the discoveries which it had led to, as to the relative size of the penis to the urethra. He had used the dilating urethrotome in more than a thousand cases, and had never had a death nor abscess result. He used only the short straight instrument, and pointed out the dangers of the other, which instrument makers would not take off the market. The incision should be exactly in the median line on the roof, not the lower surface. As to the radical cure of stricture by this treatment, he had tabulated a number of cases which he had been able to trace some years after the operation, and in a large percentage there had been no recontraction. The first case he ever operated upon with the dilating urethrotome presented recently the same size of the urethra as after the operation years ago.

Stone in the Bladder in Connection with Splenic Leucocythæmia.

CHARLES WILLIAMS, F.R.C.S., Norwich, England, sent the paper. The tendency to rapid formation of uric acid stone in splenic leucocythæmia was suggested, and the

dangers of operations because of liability to hemorrhage were pointed out. His patient was operated upon, and died some days afterward.

Case in which the Bowel Ended in the Urethra in a Child Aged Four Weeks; Relief by Operation.

DR. ARTHUR T. CABOT, of Boston, presented the paper, the first part of which dealt with the embryonic development of the bowel and urethra, and the last part treated of the operation resorted to for forming an anus. Except when constipated, all the feces passed through the anus since the operation.

Perineal Litholapaxy.

MR. REGINALD HARRISON, of Liverpool, had found it desirable in certain cases of vesical calculus to revive an old operation—entering the bladder by perineal urethrotomy and distending the vesical urethra with the finger, introducing a forceps, crushing the stone, and removing the debris by flushing the viscus. This procedure had been indicated in some cases in which recurrence of the stone could be predicted with certainty were ordinary litholapaxy resorted to. A diseased condition of the bladder was often the cause of stone formation rather than purely a result, and treatment of the vesical affection by drainage, etc., was necessary to prevent recurrence of stone.

An Unusual Case of Urethral Calculus.

was the title of a paper by DR. H. G. MUDD, of St. Louis. The patient, a negro over forty years of age, had a calculus in the urethra in advance of the bulb, which when removed measured three inches in circumference and two and a half inches in length, and weighed 281 grains. Other smaller stones were situated in the membranous urethra. A small stone had probably lodged in the urethra two years before, forming the nucleus of the large stone. The patient regained his health.

Syphiloma of the Vulva

was the title of a paper presented by DR. J. NEVINS HYDE, of Chicago.

Election of Officers.

DR. R. W. TAYLOR, of New York, was elected *President*; DR. J. P. BRYSON, of St. Louis, *Vice-President*; DR. A. T. CABOT, of Boston, *Secretary*.

The next meeting will be held at Newport, sometime in May, 1890, the exact date to be determined by the Council.

FOREIGN CORRESPONDENCE.

LETTER FROM SYRIA.

Since coming to the East some ten months ago, I have often wished to have time to send you some description of many of the interesting things met with here, but my time up to this moment has been too fully occupied to do so. Medical practice in this country is truly no sinecure. After arriving here in October, 1887, two months were taken up with a trip to Constantinople for the purpose of having my diploma *visé*. Here is situated the only legalized medical college in the Turkish Empire. No one is permitted to practice here until he has passed a satisfactory examination before the professors of this college. These examinations are conducted either in French or Turkish, as the candidate may desire. I had no difficulty whatever in obtaining an examination, which was conducted in a very fair manner, although I have heard many complaints from those who have applied for examination. The college building is a very dilapidated old structure standing outside of the business part of the city. The students seemed to be principally boys of from sixteen to twenty years of age.

I entered upon practice about the middle of January. It has been my custom to hold a clinic during the forenoon of five days each week. The number present at these clinics ranges from twenty to forty each day. Almost every variety of disease may be seen here—ophthalmia, the scourge of all eastern countries, is very prevalent. Rheumatism, also, which is largely caused by the damp ill-ventilated houses which the people occupy, is common. The only remedy that seems to have much effect here in the latter disease is iodide of potassium, in doses of fifteen to twenty grains a day. Both intermittent and remittent fevers prevail largely, and are frequently very obstinate.

There is one thing an American has to learn over again when he comes to this country to practice, and that is, the amount of cathartic medicines to administer. The ordinary doses recommended by our textbooks are utterly useless here. From six to ten compound cathartic pills is an ordinary dose; and so are the following: from ten to fifteen pills of elaterium, one-tenth grain; podophyllin, two to three grains; gamboge, fifteen to twenty grains; castor oil, ten to twenty drachms; Epsom salt, two ounces. It requires some little practice to make one feel safe in giving such doses, but smaller

are useless, and even such doses as are mentioned above often fail and have to be repeated. I hope to have time during the coming year to report the treatment of some cases of interest.

The REPORTER comes regularly and is a welcome visitor. It is just the thing for the busy practitioner, who has not time to read long and tiresome articles to get what he wants. It is eminently practical and to the point.

With kind regards and well-wishes for the success of the REPORTER, I remain,

Yours truly,

Latakia, Syria, J. M. BALPH, M.D.

August 10, 1888.

(Med. Miss. R. P. Church.)

PERISCOPE.

Poisoning with Kerosene.

Dr. K. A. Norderling, in a communication to the *Medical Record*, July 21, 1888, says that he was called on June 29 to see a child, eleven months old, who had swallowed an unknown quantity of kerosene. He arrived in about ten minutes after the accident had occurred, and found the little patient in the following condition: There was drowsiness, which was on the increase; and she was feverish; pulse, 150, weak; respiration, 40; face and neck covered with perspiration, extremities cold. When the accident occurred, her mother heard her cry, ran to her help, and found her in a very cyanotic condition, with kerosene vapor coming from her mouth. All the mother did was to sprinkle water in her face. Upon Dr. Norderling's arrival he immediately administered all the milk the patient could drink, and then wine of ipecac, which in five minutes brought on vomiting. The kerosene could be easily seen floating on the top of the vomited matter like fat globules in a soup-dish. Before leaving, he told the mother to give the patient all the milk she could drink, and also to give her castor-oil. Next morning the mother told him that the child had had one movement of the bowels in the morning, but neither that nor the urine which was passed all right had any odor of kerosene. She had been very restless during the night, coughed a little, and moaned between times. At noon the fever was high, 104° F. in the axilla; the pulse weak, 150; and she was still in a drowsy condition. In the evening of the same day the patient was nearly without fever, and looking bright, and the next morning she was perfectly well.

Terebene in Bronchorrhœa.

Dr. John W. Martin, in a communication to the *Medical Press and Circular*, August 29, 1888, says that he has employed terebene in three cases of bronchorrhœa, with marked success. His first case was that of a woman 79 years old, who had an attack of right hemiplegia, followed by a severe attack of broncho-pneumonia. At the decline of the inflammatory stage profuse bronchorrhœa set in, accompanied by a state of great exhaustion. A variety of treatment failed to give relief. In addition to the bronchial discharge there were urgent digestive troubles, dyspepsia, flatulent distension of the stomach and intestines, causing much inconvenience to the action of the heart, and seriously interfering with the administration of proper nourishment. The urine was free from albumin. Terebene was first ordered dropped on a lump of sugar, but this proved to be disagreeable to the patient, so that the following formula was substituted:

Gum terebene,	
Spir. chloroform	aa m x
Mucilage of tragacanth	f 3 i
Syrup	f 3 ss
Water	q s, ad f 3 i

Dr. Martin states that from the day the terebene was ordered there was a steady improvement of a most marked character. Of the other two cases one was a man, about 40 years old, suffering from passive broncho-pneumonic congestion, attended by profuse expectoration. The patient was very weak, and no treatment seemed to give relief until he was placed upon terebene. Immediate benefit was apparent. Marked diminution was noticeable at the end of twenty-four hours, and expectoration ceased within three days. The further progress of the case was in every way satisfactory. The third case was that of a wine merchant's traveller, who had, at the outset, acute broncho-pneumonia. When the acute symptoms subsided, profuse expectoration remained a very troublesome symptom. Various remedies failing to check this discharge from the lungs terebene was ordered by Dr. Martin with rapid and most beneficial results. The expectoration almost disappeared at the end of the third day, and the patient steadily improved. In prescribing terebene or turpentine, he regards it as necessary to be careful to examine for kidney mischief. If such is present, he would regard it as a contra-indication to the use of terebene.

Medico-legal Aspect of Wounds of the Heart.

M. Sal. Charrin, says the *Bulletin Médical*, July 29, 1888, has written an interesting thesis based upon the case of a young man who had received a stab wound of the heart, and who, before death, was able to talk, and to run ten metres (about eleven yards). At the autopsy it was found that the point of the instrument had penetrated the sternum at the lower border of the third rib on the right side, and opened the right ventricle at its lower part.

The question of surviving such a wound may be very important from a medico-legal point of view. Upon the fatality of wounds of the heart the author gives the following conclusions: In spite of their gravity wounds of the heart may in certain cases be survived a variable length of time, and permit the patient to talk, to defend himself, and in a word to perform voluntary acts. Statistics show that the fatality of wounds of the heart varies with the part of the organ injured. Wounds of the right ventricle, which are the most frequent, are less dangerous than on those of the left, and the latter are less grave than those of the auricles. Statistics show also that this fatality varies with the nature of the vulnerating body. Wounds of the heart made with pointed instruments are the least dangerous; then come wounds by cutting instruments, by fire-arms, and last, wounds of the heart as the result of contusions.

Researches upon Yellow Fever.

At the meeting of the Academy of Medicine of Paris, July 24, 1888 (*Gazette Hebdomadaire*, July 27, 1888), Dr. Gibier announced the result of the researches which he had made at Havana into the etiology and treatment of yellow fever. He finds that the blood, urine, bile, the pericardial cavity, and the viscera (except the intestines) of persons affected with yellow fever do not contain, in the great majority of cases, any micro-organism. On the contrary, the intestine contains a black or dark material, which is more or less abundant and toxic. M. Gibier has isolated from this a bacillus which seems to play an important part in the coloration of the substance, if not in the origin of the disease itself. From this it follows that the most rational treatment consists in repeated purgation and the use of intestinal disinfectants. This treatment is said to have succeeded in a grave case.

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ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D., EDITOR.

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- Write on one side of paper only.
- Write on paper large letter size.
- Make as few paragraphs as possible. Punctuate carefully. Do not abbreviate, or omit words like "the," and "a," or "an."
- Make communications as short as possible.
- NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.
- When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.
- The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

SURGERY OF THE BRAIN AND SPINAL CORD.

Among the triumphs of modern surgery none have been more brilliant than those achieved in dealing with injuries and diseases of the brain and spinal cord. The time was—and not so very long ago—when these structures were considered almost beyond the reach of surgical skill. Those who are familiar with the history of surgery know that some very remarkable operations were performed upon the cranium and membranes of the brain more than a century ago; but these were rare events and very different from the deliberate and carefully designed operations of the present day. Modern surgery of the brain and spinal cord may be said to date from the year 1861, when Broca laid the foundation of what is now known as cerebral localization, and to owe its present position to the labors of

Hughlings Jackson, Fritsch and Hitzig, Ferrier, and Charcot. Their studies have now become the property of all well-instructed surgeons, and in every part of the civilized world surgeons now approach the brain with a confidence and success which a few years ago would have been thought to be incredible.

It is not so astonishing, then, to find one like Macewen, of Glasgow, reporting, as he did in his address at the recent meeting of the British Medical Association, twenty-one cases in which he had operated upon the brain for surgical lesions, although this number is relatively and absolutely a very large one. But the pride of surgeons will be aroused when they learn that after these operations there were eighteen recoveries and only three deaths.

The address in which Dr. Macewen reports these cases is one of the most interesting and instructive pieces of surgical literature which has appeared for a long time. In it he traces succinctly the history of brain-surgery and describes with great clearness the principles which should guide the surgeon in ascertaining the nature and extent of the lesion present and in operating upon the patient. The magnificent results obtained of late years are due, to a great extent, to the general adoption of antiseptic and aseptic methods in performing surgical operations. These it is which have emboldened the operator to apply the teachings of experimenters and students of pathology; and these have enabled surgeons to approach the brain and spinal cord with a confidence like that which they enjoy when operating in these last days on organs within the abdominal cavity.

Thus, keen observation and refined skill have contributed to make brain-surgery one of the highest achievements of the present day; and it may be hoped that with added experience the results attained in days to come will far surpass those which even now have done so much to elevate our art and to relieve the sufferings of our fellow-men.

ARTIFICIAL FOOD FOR INFANTS.

It is universally accepted that milk is the proper food for infants; and when they are deprived of their mother's milk, the problem is, to substitute for it milk which differs as little in composition, digestibility, and nutrient qualities as possible. For practical reasons cow's milk has been generally employed. Chemical and physiological investigation, and clinical observation have apparently established the differences, in composition and properties, between human milk and cow's milk. These differences have occupied the attention of investigators, and various methods, familiar to the profession, have been suggested for overcoming them. The excess of casein in cow's milk is usually overcome by the addition of water, and the lack of fat and milk-sugar in the mixture is supplied by the addition of cream and sugar. The acidity of the cow's milk is neutralized, or its alkalinity increased, by the addition of lime-water, as recommended by Meigs and others, or by a solution of carbonate of sodium, according to the formula of Vogel. J. Lewis Smith states that the alkali serves the further purpose of preventing the formation of large curds in the infant's stomach, by retarding the coagulation of the casein. The method of Dr. Frankland accomplishes the same result in a different way. The cream from one-third of a pint of milk is added to two-thirds of a pint of whole milk; the skimmed milk is treated with rennet, the whey separated, strained, and boiled, and the whey, together with one hundred and ten grains of sugar of milk, is added to the mixture of milk and cream. As our readers will see, this plan is similar to that so strongly recommended by Dr. Wood in the *REPORTER* of June 30. By any of these methods a compound is obtained which is very similar to human milk in chemical composition.

Unfortunately, cow's milk, even when thus treated, is not digested as easily as human milk. This is believed to be due

principally to the fact that the casein of cow's milk tends to coagulate in the infant's stomach in the form of a large curd, while that of human milk coagulates in fine floculi, which have the mechanical advantage of presenting a greater surface for the action of the digestive secretions. The use of an alkali to overcome this property of the casein of cow's milk has been mentioned; Jacobi recommends prolonged boiling of the milk, and the use of barley-water as a diluent, instead of water; Smith adds to the milk some farinaceous article, as grated "flour ball," in order to mechanically separate the particles of casein; others use the Liebig's food, kept in the shops; and last of all the extract of the pancreas of the pig has been used to partly pre-digest the casein, and thus accomplish the same result. Nevertheless, the annual slaughter of the innocents continues.

We are fully convinced that the workers in this field have accomplished much that is of value, and that they have placed the subject upon a scientific basis. At the same time, we believe that the experience of physicians practicing in rural districts, and the results of recent chemical and microscopical investigations, show that heretofore the subject has not been fully appreciated. In the *REPORTER*, August 11, Dr. Chenery gives his own experience and that of Dr. Lynde in support of the statement that, in the country, the feeding of infants upon cow's milk does not greatly imperil their health or lives. The result of the examinations of the feces of infants fed upon cow's milk, by Escherich, Uffelmann, and Forster, go far to show that the prevailing opinion with reference to the relative indigestibility of the casein of cow's milk is much exaggerated. These considerations, and the fact that artificial food agrees with infants relatively well in winter as compared with summer, appear to us to strongly support the recent view that an undue prominence has been given to the exact chemical composition of artificial food

for infants. From the same premises, the conclusion seems plain that it is the condition of the milk, as much or more than its chemical composition, which determines its utility as a food for infants. Else why the difference in results obtained in city and country, and in winter and summer? It is well known that milk found in cities differs from the fresh milk of the country, barring adulteration, in having undergone greater or less fermentative or putrefactive changes.

Since these facts seem to be well established, the next advance in infant feeding, in cities, must be made by improving the quality of the supply of cow's milk, or by rendering practicable the substitution of the milk of some other animal, as the goat, which can be obtained fresh when needed.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

EXCESSIVE VENERY, MASTURBATION, AND CONTINENCE. By JOSEPH W. HOWE, M.D., ETC. 8vo, pp. 299. New York: J. H. Vail & Co., 1888.

The book before us is of a kind which, if written with judgment and a clean instinct, might be useful; but, unfortunately, we fail to discover evidences of either of these important qualifications in it, and, therefore, cannot see how it can accomplish any good. Like most books on sexual depravity, it presents a disgusting subject in a repulsive way. Added to this, it perverts facts which are bad enough in themselves, and makes statements which are utterly false. It contains stories which have nothing attractive about them but their nastiness, and which will appeal only to prurient minds. That the book has come to a second edition is a proof that the author and publisher find a market for such wares—a fact to be deplored by all who regard decency as an essential characteristic of the medical profession.

It is quite possible that the author may have written this book with a worthy purpose; but, if this was the case, his effort has been an unfortunate one, and should serve as a warning to any other writer who may be tempted to enter the same unsavory field.

PTOMAINES AND LEUCOMAINES, OR THE PUTREFACTIVE AND PHYSIOLOGICAL ALKALOIDS. By VICTOR C. VAUGHAN, Ph.D., M.D., Professor of Hygiene and Physiological Chemistry in the University of Michigan, etc., and FREDERICK G. NOVY, M. S., Instructor in Hygiene and Physiological Chemistry in the University of Michigan. 8vo, pp. viii, 316. Philadelphia: Lea Brothers & Co., 1888. Price, \$1.75.

In these days, every studious medical man ought to read carefully some good book on the ptomaines and leucomaines, which play such an important rôle in the production of disease, but which, until very

recently, were almost entirely unknown. Some admirable works on this subject have appeared within the last year or two in Europe, especially in Germany; but it is fortunate that our own country has not lacked men thoroughly fitted to investigate them, and to report to their brethren not only what has been learned about them abroad, but also what they themselves have discovered. The book before us is unquestionably the book for American physicians, and we may congratulate not only the authors and publishers of it, but also the whole profession of our land, that such a book has been prepared and put out at so moderate a price.

Like all the publications of Lea Brothers & Co., this book is issued in very handsome shape.

PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and enclosing a postage-stamp.]

A BRIEF HISTORY OF PROCEEDINGS IN THE MEDICAL SOCIETY OF PENNSYLVANIA . . . TO PROCURE THE RECOGNITION OF WOMEN PHYSICIANS, etc. To which is added an account of the measures adopted by the Society . . . to procure a law to authorize trustees of hospitals for the insane-poor . . . to appoint women physicians to have entire control of the insane of their sex. By HIRAM CORSON, M.D., Conshohocken, Pa. Philadelphia: Jas. B. Rodgers Printing Co., 1888. 8vo, 40 pages.

—This interesting pamphlet contains an account—written by the foremost advocate of the recognition of women as physicians in this country—of the struggles through which this cause has passed since 1858. It is a warm narrative, marked everywhere with the earnest purpose and determined resolution of its author, and is a valuable contribution to the history of medical politics in this State. It is to be regretted, perhaps, that the writer of it has not included an account of the recent election of a woman to membership in the Philadelphia County Medical Society, which, until recently, has been the most consistent and unyielding opponent to giving women the same recognition which is granted to reputable men engaged in the practice of medicine.

LITERARY NOTES.

Science is a weekly periodical which devotes so much attention to matters of public health and medical progress that it is of exceptional interest for medical men. In addition to this, it contains, as might be expected, a great variety of valuable matter relating to other branches of science, and is an extremely useful compend of what is going on all over the world in these departments.

The Mid-summer Holiday Number of the *Cosmopolitan* contains a large number of excellent engravings, and an article on roses which is illustrated with excellent wood-cuts and beautiful colored plates. This is the only magazine, we believe, which uses colors in its illustrations, and those in the number under notice are more attractive than any which have yet appeared in it. An article on the "Ladies of the American Court" gives an interesting presentation of social life in Washington, and contains pictures of sixteen distinguished women of that city, Mrs. Cleveland naturally leading the number.

CORRESPONDENCE.

Ethics of Opium Habitues—A Reply.

TO THE EDITOR.

Sir: Your correspondent is greatly surprised that Dr. J. B. Mattison at this late date should reply to the objections made to his paper when it was read before the Society of Medical Jurisprudence, and which was noticed in the issue of the REPORTER of July 7, 1888. At the close of the Society's discussion, Dr. Mattison having the opportunity to answer his opponents merely remarked that he "stood" by what he had written.

Now that he has used the valuable columns of the REPORTER for the intention, perhaps, of crushing those who objected to his conclusions, we hope that we may succeed in demonstrating to the readers of this journal the errors which Dr. Mattison there presents.

Every authority, who has sincerely and conscientiously investigated the effects of the continuous use of opium upon the system, and who does not write in the interests of bringing opium habitues to his private asylum, or who does not pander to the perverted sentiments of his clientele differs from Dr. Mattison. But it is not your correspondent's intention to show anything but the curious reasoning of the former gentleman. Dr. Mattison says that the general rule "that the general use of opium makes the male impotent and the female sterile" makes it difficult to conceive of any influence transmitted from generation to generation. In answer to this I would like to ask: Must the opium habitué be so absolutely impregnated with the drug before he makes an attempt to propagate his species? Has that habitué never had any sexual desire whilst taking the drug? If Dr. Mattison affirm the former and deny the latter we have nothing further to say than that his experience differs from that of every other investigator, and that his patients are singularly the demonstration of the rule and those of every other writer the exception. In the light of this it is remarkable that neurologists should have presented to their view cases of mental and physical defect in the offspring of parents addicted to the use of opium.

Let the latest work of the greatest of the authorities on this subject speak.¹ Erlennmeyer says: "There is a married couple in my practice of which both man and wife daily injected from 1 to 1.5 grammes of

¹Die Morphiumsucht, 3d Edition, 1887, p. 44. Von A. Erlennmeyer.

morphine for many years. She conceived from him and bore, after the usual period of pregnancy and in normal confinement, a vigorous child." Repeatedly has Erlennmeyer had the same experience with female habitues and of these cites no less than four among his fifty histories.

N. E. BRILL, A.M., M.D.
805 Lexington Ave., N. Y.
September 10, 1888.

Negroes and Chloroform.

TO THE EDITOR.

Sir: Is there a case on record of a full-blooded negro dying during the inhalation of chloroform? I have asked many physicians this question, and have been invariably informed that they knew of none.

Yours truly, R. P. HUGER, M.D.
Anniston, Ala.,
September 15, 1888.

NOTES AND COMMENTS.

Personal Identification.

A full report of a recent lecture on personal identification, by Mr. Francis Galton, appears in *Nature* for June 21 and June 28. Mr. Galton here presents a practical application of his favorite pursuit, the accurate description of physical and mental peculiarities. He proposes a very ingenious scale of divergencies from the normal for any one feature, and has even invented a mechanical device by which the tedious labor of arranging a large number of such observations can be much abbreviated. The anthropometrical laboratory, at which anyone can, under proper restrictions, have a record made of his chief physical measurements, is now open in London, and promises to yield valuable material for this line of study. In connection with this work, Mr. Galton has studied the striations of the human fingers, and is able to corroborate the value attributed to them as a means of identification. These markings are easily obtained, and the variety of them is larger than one would *a priori* imagine. The markings of a finger of Sir William Herschell, made in 1860 and 1888 respectively, are figured, and show a striking similarity. The difference in age of the two prints testifies to the wearing of the epidermis. The study is still in its infancy; but the success of such measurements for identifying criminals, as exhibited in France, promises to draw more general notice to the subject.—*Science*, July 27, 1888.

Quack Advertisements in Religious Newspapers.

The *Provincial Medical Journal* says: "A strong agitation has been started in America against the quack advertisements which appear in religious papers, and, in consequence of appeals made in the interests of morality, the respectable sectarian organs have declined to insert or renew those advertisements. A certain class of advertisements disfigure our English religious papers. It is to be hoped that they will copy the example set by their American co-religionists, and refuse them. Another class of advertisements are to be found in religious papers which do not offend against decency, but which are frauds. To promise a cure for incurable disease, or to offer a panacea which will cure all kinds of diseases, is to obtain money under false pretenses. A certain class of advertisements do this, and it must be known to the proprietors that these advertisements are dishonest and should not have a place in papers professing to teach morality."

Comparative Value of Codeine and Morphine in Diabetes.

Dr. J. Mitchell Bruce, in a communication to the *Practitioner*, July, 1888, gives the results of some experiments which he made in order to determine the comparative value of codeine and morphine in the treatment of diabetes. The experiments seem to have been conducted with great care, and show that morphine is to be preferred to codeine in the three respects of power, cost, and safety. The best effect was obtained from about six grains of acetate of morphine daily; from phosphate of codeine, not until about thirty grains (equal to twenty-one grains of codeine) were given daily. A patient consuming six grains of acetate of morphine a day would, therefore, considering the relative cost of the two drugs, be treated at about one-twelfth the cost of another taking twenty-one grains of codeine.

With regard to narcotic symptoms occurring under the use of morphine, Dr. Bruce says they have rarely presented themselves as long as the sugar continued to fall, when the drug was given every three or four hours by the mouth. He has found very decided evidence of the cerebral action of morphine in diabetes when the hypodermic method of administration was employed. He calls attention to the fact that the large size of the doses of these powerful drugs which are required restricts their general

employment. The chief difficulty was found to consist in removing the last traces of the sugar. For instance, it required in the first case twice as much morphine a day to completely remove the sugar from the urine as it required to reduce it to 167 grains a day, which he regards as a comparatively safe excretion. He suggests that in routine practice a physician should be satisfied with this degree of success. He states distinctly, however, that the results which he has obtained refer entirely to the action of these drugs *plus* rigid dieting, as only by first establishing a sugar equilibrium by means of proper feeding can the real action of the drugs be ascertained.

United States Veterinary Medical Association.

The twenty-fourth annual meeting of the United States Veterinary Medical Association was held Sept. 18, in New York. Dr. Hoskins, of Philadelphia, for the committee appointed to secure a uniform standard of examination of veterinary colleges, reported that all but three colleges had agreed to extend the curriculum from two to three terms of six or eight months each. The three colleges which refused were those at New York, Chicago, and Toronto. The following officers were elected: President, Professor R. S. Huidekoper, of Philadelphia; Vice-President, W. B. E. Miller, of Camden, New Jersey; Secretary, W. H. Hoskins, of Philadelphia; and Treasurer, James L. Robertson, of New York.

Philadelphia Lying-in Charity.

The new hospital of the Philadelphia Lying-in Charity at the southwest corner of Eleventh and Cherry Sts., recently completed, is now open for the reception of patients. The building is a model of hospital construction. Married and unmarried women are cared for (during the lying-in period of their first confinements only) in the maternity wards and in private rooms. Private rooms and surgical wards for the treatment of diseases of women are in a separate and isolated portion of the building. Nurses are furnished to physicians at any hour of the day or night immediately and without charge. Physicians are invited to inspect the building, or if living at a distance to write for blanks for the admission of patients to Dr. Charles Meigs Wilson, Surgeon in Charge, southwest corner Eleventh and Cherry Sts., Philadelphia.

NEWS.

—Two refugees from a quarantine camp in Florida were arrested in New York on Saturday, September 22, and taken to North Brother's Island, where they will be kept by order of the Board of Health.

—In response to the call for volunteers of the order of the Red Cross, Dr. William Rickert left Baltimore for Jacksonville, Fla., where he will give his services for the relief of the sufferers from yellow fever. He leaves a family in Baltimore and abandons a remunerative practice.

—The *Lancet*, September 8, 1888, says that in the Tyrol there are so few applicants for vacant medical positions that in some cases these have to be given to students. The proprietor of a bathing establishment recently advertised for a physician for the summer months, offering board and lodging as remuneration. Not a single candidate presented himself.

—A new disease, according to the *Ledger*, September 19, 1888, is said to have affected the grape-vines of the Santa Ana and San Gabriel valleys of California. It is termed the "sapsour." The vines begin to wither and in a short time die. The disease is infectious, and spreads very rapidly. The best remedy thus far known is to dig up the vines as quickly as they show the blight, and burn them.

—Dr. George Dock has been elected Instructor in Morbid Anatomy and Bacteriology in the Texas Medical College and Hospital, Galveston, Texas. Dr. Dock is unusually well equipped for the position, both through his special studies upon these subjects in Germany, and in the Clinicopathological Laboratory of the University of Pennsylvania, under Dr. Osler. His selection reflects great credit upon the judgment of the Faculty of the Texas College.

—Among the recent decrees made in France is one relating to the inspection of butter for the repression of fraudulent dealings. By this, special persons are authorized to take samples of butter in any place, whether the butter is exposed for sale, stored in a warehouse, or in transit by land or water. Each sample taken is to be subject to a special examination. Pure butter, mixed butter, margarine, oleo-margarine, and grease intended for consumption, in transit, must be contained in closed packages, and the origin and nature of the merchandise must be conspicuously specified thereon.

HUMOR.

RELIEVED IN MIND.—Mother: "Oh, doctor! I'm so glad you have come. We have had such a scare. We thought at first that Johnny had swallowed a \$5 gold-piece." Doctor: "And you found out that he didn't?" Mother: "Yes; it was simply a nickel."

"WHEN DOES A MAN FAIL?" is a question that is being asked by the press with considerable freedom. A business man fails indeed when he fails to advertise; we have seen longer answers, but the above is complete in every particular and easily remembered.—*Hat Review*.

A SPECIAL FAVOR.—Bereaved Widow (to country editor)—"Do you charge for obituary notices, Mr. Shears?" Country Editor—"As a general thing, we do, Mrs. Bently; but your husband and I were very old friends, and I will only be too glad to publish his obituary for nothing."

AN "IN-GROWING" TOWN.—"Has the town grown much in the last ten years, Mr. Snaffles?" "Grown? My, yes! Why, this very lot we're standing on I paid \$10,000 for in '72. I sold it in '81 for \$2,000, and had to buy it back on foreclosure for \$1,500. Stranger, you can see this town grow, but the trouble is it's an ingrowing town."

ANXIOUS MOTHER: "You think he is out of danger now, doctor? He will get well?" Doctor: "No doubt about it at all, madam. The amputation has been completely successful." "And I warned him, oh! so carefully, to let toy cannons alone. Doesn't it look like a judgment on my poor boy?" "It does look like a judgment, certainly; and yet such things sometimes prove to be blessings in disguise. It is not for us to repine. One hundred dollars, madam. Thanks."

OBITUARY.

JOHN HENRY SMALTZ, M.D.

John Henry Smaltz, M.D., of Philadelphia, died September 22. He was born in Philadelphia in 1827, and was graduated from the College Department University of Pennsylvania in 1846. In 1849 he received the degree of Master of Arts, and in the following year was graduated from the Medical Department of the University. He was a member of the Northern Medical Society, the County Medical Society, the Pennsylvania State Society and the American Medical Association.